

DECLARATION OF KAITLIN BASTON

I, Kaitlan Baston, pursuant to 28 U.S.C. § 1746, hereby declare that the following is true and correct:

1. I am the Commissioner of the New Jersey Department of Health (“NJDOH”) and have been employed as the Commissioner since August of 2023. I am dual boarded in Family Medicine and Addiction Medicine, obtained a master’s degree in Neuroscience from Kings College, London, and graduated from Jefferson Medical College in Philadelphia, Pennsylvania. Prior to becoming DOH’s Commissioner, I built and led the Cooper Center for Healing, an integrated pain, addiction, and behavioral health center and was an Associate Professor of Medicine at Cooper Medical School of Rowan University. Prior to my position with Cooper, my work ranged from public health projects in Rwanda, to public maternity and trauma hospitals in the Dominican Republic, to providing full spectrum family planning services and working in a bilingual community health center in Seattle, Washington.

2. The information in the statements set forth below were compiled through personal knowledge and through DOH personnel who have assisted in gathering this information from our agency.

3. As the Commissioner of NJDOH, I am focused on decreasing health disparities, improving maternal child health outcomes, and enhancing integrated care for behavioral health and substance use disorders. In my role as Commissioner, I strive to ensure that all people have access to resources that can keep them healthy and to evidence-based medical care when needed. I am proud to work with an interdisciplinary team of like-minded, driven individuals at NJDOH who are dedicated to improving the equity and health of New Jersey residents.

4. Our agency recently received four award terminations from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The total value of

the terminated awards was \$292,994,461. All terminations were “for cause” based on the end of the COVID pandemic, rather than failure of NJDOH to follow the terms or conditions of the grants. Descriptions of each award and the effects of these terminations follow.

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

5. In 1995, the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) invited applications for the Epidemiology and Laboratory Capacity Program (ELC).

6. CDC’s ELC provides financial support and technical assistance to the nation’s health departments to detect, prevent, and respond to emerging infectious diseases. ELC’s 65 recipients, which consist of state, large local, and U.S. territory and affiliate health departments, serve as the foundation for our national public health infrastructure and are integral to the nation’s ability to tackle infectious disease threats. The ELC accomplishes its mission by providing critical support for core public health programs and a range of disease-specific projects. ELC also distributes supplemental funding on behalf of CDC for emergency response efforts, such as those for the influenza H1N1, Zika, and Ebola epidemics, and most recently, the COVID-19 pandemic. NJDOH signed onto ELC in 1995 and has been in full compliance with all awards.

7. As set out in its grant proposal, NJDOH intended to use the ELC for the purposes of detecting and preventing infectious disease outbreaks.

8. Because these mechanisms were already in place during the COVID-19 pandemic, additional funding was made available to the States through ELC. For this reason, the 2019 ELC awarded to NJDOH was continuously modified to support additional funding opportunities. When this ELC supplemental funding was released, the CDC advised states that

the funding was not intended to be applied without foresight, consideration for, and planning to address future infectious disease events.” (emphasis added). A true and correct copy of the guidance document is attached as Exhibit A.

9. The remaining ELC COVID-19 tranches have an end-date of July 31, 2027. NJDOH has been awarded \$1,143,644,410 in ELC funding, has expended \$712,303,112 of these funds, and will lose \$257,300,855 in remaining funds.

10. On July 10, 2019, and again on April 22, 2024, the CDC produced Notices of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notices of Award and their attachments, dated July 10, 2019, and April 22, 2024, is attached as Exhibit B.

11. As set forth in the Notices, termination of the grant by the CDC is permitted only if a recipient or subrecipient: (1) fails to comply with the terms and conditions of a Federal award; (2) for cause; (3) with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or (4) by the non-Federal entity upon sending to the CDC written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

12. NJDOH’s 2019 ELC award has been continuously modified to support additional funding opportunities, resulting in ELC having issued over 60 Notice of Awards over the past five years. When additional funding opportunities were made available, ELC also provided guidance for the funds. With respect to the grants at issue here, its guidance confirmed that state health departments could utilize the funding to address key vulnerabilities identified during the

pandemic, including but not limited to activities conducted within the “broader respiratory pathogen program.” A true and correct copy of the guidance is attached as Exhibit C.

13. ELC guidance has broadly allowed recipients to use their funding to expand to activities in addition to COVID-19, including other influenza-like illness, acute-respiratory illness, and multisystem inflammatory syndrome. The guidance allows for general outbreak response activities in congregate settings that may be COVID-19 associated, maintenance of electronic surveillance systems, and maintenance, support, and continued enhancement of modernized enterprise infrastructure and shared services for public health action. NJDOH has been approved for staff supporting general infection-control assessments to educate healthcare facilities and local health departments, digital case investigation tools to prepare for future events, health education software and materials for infection control related to other infectious pathogens, and modernization of vital statistic systems, among other items. NJDOH has been in compliance with the requirements of the ELC grant, including regular workplan reporting, which details strategies regarding utilization of these funds. See Exhibit C.

14. Since August 1, 2019, NJDOH has used the ELC grant funds in a manner fully consistent with CDC’s statements regarding the nature of the grant and NJDOH’s grant application.

15. NJDOH has expended these funds to support crucial and life-saving programs across New Jersey, including the Infectious and Zoonotic Disease Program, the Regional Epidemiology Program, and the Infectious Control, Healthcare, and Environmental Epidemiology Program. Staff across these programs are comprised of physicians, nurses, health educators, epidemiologists, veterinarians, data analysts, and public health specialists, all of

whom perform vital functions and serve as expert resources to the state and to the public health community.

16. These individual programs sustain critical staff, who are placed at risk by the termination. This includes approximately 40 critical staff across the Infectious and Zoonotic Disease and the Infectious Control, Healthcare, and Environmental Epidemiology Program and approximately 15 epidemiologists, health educators, and nurses in the Regional Epidemiology Program.

17. Even more crucially, these programs all perform critical public health functions, which are also placed at risk by the grant termination. For example, the Infectious and Zoonotic Disease Program & The Infection Control, Healthcare, & Environmental Epidemiology Program sustains the EpiCenter, which provides real-time infectious disease surveillance via hospital data on both infectious and non-infectious (for example, opioid overdose) diseases. The sudden funding cut will cripple New Jersey's ability to detect and respond to communicable diseases, weaken preparedness for emerging threats, and dismantle newly built surveillance systems, forcing staff to revert to inefficient, manual processes.

18. As of March 24, 2025, the remaining amount of funds committed by CDC to NJDOH is \$257,300,855 with a performance end date of July 31, 2027. A significant amount of these funds were expected to go to an \$80,000,000 expansion project for the NJDOH public health and environmental laboratory. This expenditure was pre-approved by CDC. The remainder of the funds were budgeted for a laboratory security project, salary for personnel, supplies, funding for epidemiology conferences, a mobile laboratory team, and ongoing modernization and updates to a communicable diseases surveillance system.

19. The funding also supports grants to 97 of the 104 Local Health Departments (LHDs) in New Jersey to strengthen the local public health infrastructure and workforce as it relates to infectious disease preparedness. The funding also supports the organizational development of the New Jersey Association of City and County Health Officials (NJACCHO), which provides trainings and resources for LHDs, such as the costing model that is being developed to quantify public health costs for fiscal planning and preparedness. Funding also covers LHD staff; data infrastructure; community outreach and education; infectious disease preparedness, coordination and crisis response; renovations and facility improvements; and professional development and training. The specific staff funded under this grant include Registered Environmental Health Specialists who conduct required sanitary inspections; public health nurses; health educators; community health workers; public health planners.

20. NJDOH draws down funds once a week for goods and services rendered prior to the drawdown date. The next draw down would have occurred on April 1, 2025.

21. On March 25, 2025, without any prior notice or indication, the CDC informed NJDOH that effective March, 24, 2025, its ELC was being terminated. A true and correct copy of the grant award termination notice is attached as Exhibit D.

22. According to the CDC, the purported basis for the grant termination was the following: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over,

the grants and cooperative agreements are no longer necessary as their limited purpose has run out.

23. On March 25, 2025, NJDOH received revised Notice of Awards with an end-date revised to March 24, 2025 for the ELC grant. Later that day, NJDOH received communication through GrantSolutions that the Notice of Awards to terminate certain COVID-19 funding had been inadvertently changed to March 24, 2025 in error, and would be corrected by close of business day. However, the following day, NJDOH received further communication confirming that five of the ELC supplemental awards, including the grants discussed herein, had in fact been terminated. NJDOH was given 30 days to close out and draw down funds, which is significantly less than the typical 90-120 days given for this process. There was no information provided regarding an appeals process.

24. NJDOH relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide ELC funding it had been awarded. All of the remaining funds were budgeted for specific purposes, mostly through July 2026. Some approved items included: personnel, including fringe and indirect costs such as phones, computers, open purchase orders with vendors, and the \$80,000,000 lab expansion project. Additionally, the NJDOH's Communicable Disease Reporting and Surveillance System (CDRSS), which is an electronic, web-enabled system where public health partners statewide timely report and track incidences of communicable diseases and is maintained by the NJDOH's IT professionals, is critical for responding to all current and future public health threats in New Jersey. Much-needed enhancements for security and performance improvement have increased both personnel and software costs. With the loss of ELC funding, NJDOH will not be able to keep CDRSS operational beyond June 2025.

25. Prior to the grant award termination on March 25, 2025, CDC had never provided NJDOH with notice, written or otherwise, that the grant administered by NJDOH was in any way unsatisfactory.

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

26. In 2019, the Department of Health and Human Services, Centers for Disease Control and Prevention invited applications for the Immunization Cooperative Agreement. On June 4, 2020, the CDC extended additional funding opportunities under the first of four Immunization COVID-19 Funding Supplements.

27. On October 8, 2024, the CDC produced its most recent Notice of Award setting forth the terms and conditions of the COVID-19 Funding Supplement. A true and correct copy of the corresponding Notice of Award and its attachments is attached as Exhibit E.

28. The funding objectives and requirements of Immunization COVID-19 Funding Supplements Rounds 1,2, 3, and 4 were to: (1) enhance influenza vaccination coverage as a critical part of COVID-19 response activities; (2) develop, implement and support COVID-19 vaccination activities; (3) increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations; (4) ensure high-quality and safe administration of COVID-19 vaccines; (5) ensure equitable distribution and administration of COVID-19 vaccines; (6) increase vaccine confidence through education, outreach, and partnerships; (7) develop and implement community engagement strategies to promote COVID-19 vaccination effort; (8) support high vaccination uptake in tribal nations; (9) use immunization information systems to support efficient COVID-19 vaccination; (10) fund strategies that ensure greater equality and access to COVID-19 vaccine by those disproportionately affected by

COVID-19; and (11) provide resources to support COVID-19 vaccination confidence and awareness in jurisdictions.

29. As set out in its grant proposals, NJDOH intended to use the Immunization grant for the following programs: NJ Immunization Information System, Vaccine Preventable Disease Program, NJ Commission on American Indian Affairs, Office of Local Public Health, Division of Family Health Services, Health Information Technology, NJ Immunization Information System, Office of Communications, Office of Primary Care & Rural Health, Division of HIV/STD/TB Services, Office of Population Health, and Partnership Maternal & Child Health NNJ.

30. As set forth in the Notice, termination of the grant by the CDC is permitted only if a recipient or subrecipient: (1) fails to comply with the terms and conditions of a Federal award; (2) for cause; (3) with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or (4) by the non-Federal entity upon sending to the CDC written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

31. Since July 1, 2020, NJDOH has used the Immunization COVID-19 grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NJDOH's grant application.

32. The COVID-19 Public Health Emergency made apparent the exact toll an infectious disease could have on daily life. The immediate loss of the approximate \$35,330,863 in COVID-19 supplemental awards would immediately compromise many of the immunization systems that strengthen vaccine preventable disease prevention and response by increasing

immunization coverage, raising awareness, and ensuring access to life-saving vaccines throughout the lifespan. This funding was used to build and maintain public health infrastructure to prepare for any vaccine-preventable disease.

33. In addition, the Vaccine Preventable Disease Program, through the COVID-19 supplemental funding, sustains multiple programs designed to build and maintain public health infrastructure to prepare for any vaccine-preventable disease. For example, the Healthcare Compliance Team 317 comprises two full-time pharmacists who ensure that vaccines in New Jersey are being stored, handled, and administered appropriately. Likewise, the Vaccine Preventable Disease Program also supports the 317 State funded team, which plays a crucial role in ensuring that underinsured or uninsured adults have access to routine immunizations. Without these and other crucial programs supported by the COVID-19 funding, New Jersey will be less equipped to manage future outbreaks of diseases effectively, which will place its residents at significant and elevated personal risk.

34. The remaining amount of funds committed by CDC as of March 24, 2025 is approximately \$35,330,863 with a performance end date of June 30, 2027. The remainder of the funds were budgeted for a number of programs, including the Vaccine Preventable Disease Program, the New Jersey Immunization Information System (NJIS), Office of Communications Campaigns, permanent HIT staff enabling the development work in the grant workplan to expand NJIS, the Communicable Disease Reporting and Surveillance System (CDRSS), and the New Jersey Health Information Network (NJHIN).

35. The funds were also earmarked to implement the Back to School Vaccination Campaigns, which were dedicated health education messaging designed to combat the decline in routine vaccination rates as well as promote COVID-19 vaccines. With the resurgence of

communicable diseases once thought to be eradicated within the United States of America (Measles and Polio), ensuring the community is up-to-date can insulate New Jersey from the impact of a measles outbreak.

36. NJDOH has been in full compliance with the requirements of this grant, including regular progress and milestone reporting. On November 8, 2024, the CDC Project Officer conducted a site visit and issued a report highlighting many of NJDOH's strengths utilizing this grant.

37. Immunization Cooperative Agreement guidance has allowed COVID-19 funding to be used for broader immunization program activities, including vaccine confidence activities, general provider or patient education, and immunization information system enhancements and data modernization. COVID-19 funded activities are permitted to broadly integrate other ACIP-recommended vaccines. NJDOH has received broad approval to utilize staff funded by COVID-19 Immunization grants to support general VFC and 317-program operations, coordinating the Immunization Quality Improvement Program, and supporting the New Jersey Immunization Information System, among other items.

38. On March 25, 2025, without any prior notice or indication, the CDC informed NJDOH that effective March 24, 2025, its Immunization grant was being terminated. A true and correct copy of the grant award termination notice is attached as Exhibit F.

39. According to the CDC, the purported basis for the grant termination was the following: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-

related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

40. On March 25, 2025, NJDOH received revised Notice of Awards with an end-date revised to March 24, 2025 for the Immunization grant. Later that day, NJDOH received communication through GrantSolutions that the Notice of Awards to terminate certain COVID-19 funding had been changed to March 24, 2025 in error, and would be corrected by the close of business. However, the following day, NJDOH received additional communications confirming that grant had in fact been terminated. NJDOH was given 30 days to close out and draw down funds which is significantly less than the typical 90-120 days given for this process. There was no information provided regarding an appeals process.

41. NJDOH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide Immunization funding. The loss of approximately \$35 million will impact the employment of approximately 136 full-time staff, along with approximately 200 contract staff, all of whom are fully funded by the grants at issue here and are dedicated to staffing the programs described above. As a whole, these programs are aimed at preparing and equipping New Jersey to respond quickly and efficiently to emerging vaccine-preventable threats. Programs including the New Jersey Immunization Information System (NJIIS), the Communicable Disease Reporting and Surveillance System (CDRSS), and the New Jersey Health Information Network (NJHIN), which are solely funded by the grants at issue, cannot be sustained without these funds. The Back to School Vaccination Campaigns will not proceed.

New Jersey will not be able to sustain the COVID-19 Local Response Team, which provides critical epidemiologic, prevention and control resources and guidance to Local Health Departments and Long-Term Care Facilities twenty-four hours a day, seven days a week. Its elimination would jeopardize the timely identification and response to these outbreaks and result in further disease spread and increased morbidity among New Jersey's most vulnerable population.

42. Prior to the grant award termination on March 25, 2025, CDC had never provided NJDOH with notice, written or otherwise, that the grant administered by NJDOH was in any way unsatisfactory.

New Jersey Initiative to Address COVID-19 Public Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

43. In 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention invited applications for the COVID-19 Public Health Disparities grant.

44. The purpose of the grant was to address COVID-19-related health disparities and advance health equity by expanding state, local, US territorial and freely associated state health departments' capacity and services to prevent and control COVID-19 infection (or transmission).

45. As set out in its grant proposal, NJDOH intended to use the COVID-19 Public Health Disparities grant to: (1) expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk that are underserved; (2) increase/improve data collection and reporting for populations disproportionately impacted by COVID-19; (3) build, leverage, and expand infrastructure support for COVID-19 prevention and control among high-risk and underserved populations;

and (4) mobilize partners to advance health equity and address social determinants of health as they relate to COVID-19 health disparities.

46. The grant was awarded June 1, 2021 and its term was set to expire on May 31, 2025. The amount awarded was \$23,809,607. Of that amount, \$23,022,068 was expended with a remaining amount of \$129,795.

47. On February 29, 2024, the CDC produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notice of Award and its attachments, dated February 29, 2024, is attached as Exhibit G.

48. As set forth therein, termination of the grant by CDC is permitted only if a recipient or subrecipient (1) fails to comply with the terms and conditions of a Federal award; (2) for cause; (3) with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or (4) by the non-Federal entity upon sending to the CDC written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

49. Since June 1, 2021, NJDOH has used the COVID-19 Public Health Disparities grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NJDOH's grant application.

50. NJDOH has used the COVID-19 Public Health Disparities grant to fund COVID-19 community testing and vaccination sites, train community health workers who are fluent in various languages, provide a therapy dog program for NJDOH employees, and to improve data practices.

51. As of March 24, 2025, the remaining amount of funds committed by HHS to NJDOH until May 31, 2025 is \$129,795. These funds were mostly allotted for personnel salary. NJDOH draws down funds once a week for goods and services rendered prior to the draw down date. The next draw down would have occurred on April 1, 2025.

52. On March 25, 2025, without any prior notice or indication, the CDC informed NJDOH that effective March 24, 2025 its COVID-19 Public Health Disparities grant was being terminated. A true and correct copy of the grant award termination notice is attached as Exhibit H.

53. According to the CDC, the purported basis for the grant termination was the following: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

54. On March 25, 2025, NJDOH received revised Notice of Awards with an end-date revised to March 24, 2025 for the COVID-19 Public Health Disparities grant. Later that day NJDOH received communication through GrantSolutions that the Notice of Awards to terminate certain COVID-19 funding had been changed to March 24, 2025 in error, and would be corrected by the close of business. However, the following day, NJDOH received additional

communications confirming that grant had in fact been terminated. NJDOH was given 30 days to close out and draw down funds which is significantly less than the typical 90-120 days given for this process. There was no information provided regarding an appeals process.

55. NJDOH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide COVID-19 Public Health Disparities funding that had been awarded. Losing this funding will not only impact the employment of individuals at the State level, but most importantly it will dismantle a team whose sole responsibility was to provide public health outreach and education to some of New Jersey's most vulnerable communities. This will particularly impact New Jersey's most vulnerable populations and widen the already-existing equity gap that exists in New Jersey.

56. Prior to the grant award termination on March 25, 2025, CDC had never provided NJDOH with notice, written or otherwise, that the grant administered by CDC was in any way unsatisfactory. On the contrary, New Jersey was asked to present on our funded programs multiple times in various CDC-hosted forums.

NJ Community Health Workers For Covid Response And Resilient Communities (CCR)

57. In 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention invited applications for the CDC Community Health Workers for COVID Response and Resilient Communities (CCR) NOFA.

58. The CDC Community Health Workers (CHW) for COVID Response and Resilient Communities NOFA aimed to decrease the effect of COVID-19 on people who were most at risk and to improve communities' ability to respond to COVID-19 and future public health emergencies.

59. As set out in its grant proposal, NJDOH intended to use the CCR to support, create, build upon, and innovate existing CHW Training programs to combat the ill effects of COVID-19. Component B project proposed to train, deploy and engage CHWs in non-traditional sectors, which would be supported by additional learning competencies; Component C proposed various innovation projects and four demonstration projects that would enhance CHW infrastructure and integrate CHWs into systems in order to present a case to Medicaid for CHW reimbursable services. Both projects served the purpose of using CHWs to increase community resilience in New Jersey's COVID-19 response.

60. The CCR grant was approved for a 12-month extension on July 17, 2024. The budget and project period end dates were extended from August 31, 2021 to August 30, 2025. NJDOH was awarded \$9,000,000 and has expended \$6,985,447, with \$233,641 remaining in funds.

61. On August 23, 2021, the CDC produced a Notice of Award setting forth the terms and conditions of the grant award. A true and correct copy of the corresponding Notice of Award and its attachments, dated August 23, 2021, is attached as Exhibit I.

62. As set forth in the Notice, termination of the grant by the CDC is permitted only if a recipient or subrecipient (1) fails to comply with the terms and conditions of a Federal award; (2) for cause; (3) with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or (4) by the non-Federal entity upon sending to the CDC written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

63. Since August 23, 2021, NJDOH has used the CCR grant funds in a manner fully consistent with CDC's statements regarding the nature of the grant and NJDOH's grant application.

64. CCR grant funds have been used to train, deploy and engage CHWs in non-traditional sectors, to access hard to access communities, and to improve vaccination rates. The funding was also used to develop a new training curriculum to include additional competencies and integrating CHWs into new settings where they traditionally had not worked. NJDOH also developed a strategic plan for CHW work in the State at large and created a CHW learning collaborative to provide a forum for CHWs to network, share information, and engage one another in best practices for their work.

65. As of March 24, 2025, the remaining amount of funds committed by HHS to NJDOH until August 30, 2025, and which NJDOH will lose if the grant is canceled, is approximately \$240,154. These funds were mostly allotted for personnel salary. NJDOH draws down funds once a week for goods and services rendered prior to the draw down date. The next draw down would have occurred on April 1, 2025.

66. On March 25, 2025, without any prior notice or indication, the CDC informed NJDOH that effective March 24, 2025, its CCR grant was being terminated. A true and correct copy of the grant award termination notice is attached as Exhibit J.

67. According to the CDC, the purported basis for the grant termination was the following: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if "the non-Federal entity fails to comply with the terms and conditions of the award", or separately, "for cause." The end of the pandemic provides cause to

terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

68. On March 25, 2025, NJDOH received revised Notice of Awards with an end-date revised to 3/24/25 for the CCR grant. Later that day NJDOH received communication through GrantSolutions that the Notice of Awards to terminate certain COVID-19 funding had been changed to March 24, 2025 in error, and would be corrected by the close of business. However, the following day, NJDOH received additional communications confirming that grant had in fact been terminated. NJDOH was given 30 days to close out and draw down funds which is significantly less than the typical 90-120 days given for this process. There was no information provided regarding an appeals process.

69. NJDOH relied and acted upon its expectation and understanding that HHS would fulfill its commitment to provide CCR funding it had awarded to it. Losing this funding will be a significant loss for our community outreach and education efforts in vulnerable populations across the State.

70. Prior to the grant award termination on March 25, 2025, CDC had never provided NJDOH with notice, written or otherwise, that the grant administered by CDC was in any way unsatisfactory.

71. Overall, if these federal funds are withheld, nearly 200 fully federally funded employees across the affected grants would be terminated or demoted. Furthermore, if these terminations meet Federal and New Jersey WARN Act requirements, NJDOH will automatically

be out of compliance because the agency will not have had time to complete the required advance notifications. A number of employees may need to be demoted, while others may be shifted to state resources, which would burden the New Jersey state budget.

72. In addition, NJDOH will need to issue stop work orders and/or termination of contract notifications for waived and contracted vendors. This would put NJDOH out of compliance with New Jersey's standard terms and conditions, which require an agency to notify vendors at least 30 days in advance of a contract termination.

73. Longer-term consequences to the loss of this funding and consequent loss of crucial staff is particularly alarming in light of the fact that New Jersey is one of two local host sites of next year's World Cup. The expected influx of spectators and visitors to New Jersey, without effective ability to manage or trace potential communicable disease outbreaks, could seriously undermine public health both in New Jersey and elsewhere.

74. More crucially, New Jersey's ability to respond to public health emergencies will be severely crippled. The programs sustained by the grants at issue here are designed to address crucial vulnerabilities highlighted by the COVID-19 pandemic, including but not limited to: strengthening public health infrastructure to be better prepared to address infectious disease outbreaks, having well-trained staff to address public health emergencies, and providing education and outreach in vulnerable communities such individuals who are homebound, elderly, of lower socioeconomic status, and who live in rural areas. The programs operated by these federal funds mitigated and ameliorated these vulnerabilities, but require significant financial resources to maintain. NJDOH has acted in reliance on the grant terms in its CDC grants. Abrupt cessation of this funding will cause the infrastructure NJDOH has invested in to crumble and will place the lives of millions of New Jerseyans at risk.

I declare under penalty of perjury that I am authorized to sign this certification, that there is no single official or employee of the DOH who has personal knowledge of all such matters; that the facts stated above have been assembled by employees of DOH, and I am informed that the information set forth above are in accordance with the information available to me and records maintained by the NJDOH and are true and accurate. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Executed on March 28, 2025, at Trenton, New Jersey.

A handwritten signature in black ink, appearing to read 'Kaitlan Baston', with a long horizontal flourish extending to the right.

Kaitlan Baston, MD, MSc, DFASAM
Commissioner
New Jersey Department of Health

EXHIBIT A

ELC ENHANCING DETECTION THROUGH CORONAVIRUS RESPONSE AND RELIEF (CRR) SUPPLEMENTAL FUNDS - 1/12/2021

Project E: Emerging Issues Funding for the Enhanced Detection,
Response, Surveillance, and Prevention of COVID-19
Supported through the Coronavirus Response and Relief
Supplemental Appropriations Act of 2021

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ELC ENHANCING DETECTION EXPANSION PROJECT E: EMERGING ISSUES

BACKGROUND AND PURPOSE

***Note:** As the ‘ELC Enhancing Detection Expansion’ guidance is intended to build upon the prior work supported under ‘ELC Enhancing Detection’, this guidance contains the language from the ‘ELC Enhancing Detection’ guidance. In instances where sections and activities have been expanded, the language will appear in **red** font; whereas, language left unaltered will remain in black font.

This guidance is intended to provide details regarding \$19.11 billion from the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021*, [P.L. 116-260](#), that will be provided to ELC recipients early in 2021. While the activities largely build upon those under *Enhancing Detection*, specific details of the guidance should be reviewed in total for important context and clarification.

As part of the CARES Act and Paycheck Protection Program and Health Care Enhancement Act supplements, the ELC awarded approximately \$11 billion in 2020 to help address the domestic response to COVID-19. To provide additional critical support to jurisdictions as they continue to address COVID-19 within their communities, \$19.11 billion from the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021*, [P.L. 116-260](#), will be provided to ELC recipients. These additional resources, by law, are intended to “prevent, prepare for, and respond to coronavirus” by supporting testing, case investigation and contact tracing, surveillance, containment, and mitigation. Such activities may include support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other activities related to COVID–19 testing, case

investigation and contact tracing, surveillance, containment, and mitigation (including interstate compacts or other mutual aid agreements for such purposes).

As with the previous awards, direct recipients are limited to existing jurisdictions covered under CK19-1904¹. Recipients should continue to build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. It is the role of the recipient's ELC Project Director to ensure funds are used to achieve the required activities in this guidance; and to guarantee these new funds do not duplicate financial support through prior awards. These funds are intended to complement and not duplicate resources from any other federal source, including those previously awarded via the ELC Cooperative Agreement. Similarly, these resources are not intended to be applied without foresight, consideration for, and planning to address future infectious disease events.

Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds. Recipients will again be required to complete and submit Jurisdictional Testing, Case Investigation, and Contact Tracing Plans (please note that these may be published on the HHS website: <https://www.hhs.gov/coronavirus/testing-plans/index.html>). The following guidance outlines other specific details and requirements accompanying the resources.

JURISDICTIONAL TESTING, CASE INVESTIGATION, AND CONTACT TRACING PLANS

Utilizing the provided template, located in REDCap, recipients will update information regarding the overall testing landscape within their jurisdiction. This exercise should be done in partnership with state/jurisdictional leadership (e.g., public health, emergency management, State Health Official, local health departments, etc.) and should reflect the approach to testing at a broad jurisdictional level, including tribal needs as appropriate. For example, testing done at public health, clinical and/or commercial labs should be included as well as approaches for reaching communities placed at greater risk for COVID-19, and the application and use of various types of testing for detection and/or surveillance (antigen, molecular, and serology) and inform contact investigation and tracing efforts. These plans should include aspects of advanced molecular detection (AMD) technologies to inform and drive investigations utilizing molecular epidemiology techniques.

Jurisdictions must provide details regarding their robust SARS-CoV-2 testing, case investigation, and contact tracing program that ensures adequate testing is made available according to CDC priorities, including but not limited to: diagnostic tests, tests for close contacts of cases, and expanded screening testing for asymptomatic persons to identify and isolate infectious individuals and monitor community spread. Recipients should assure that provisions are in place to meet future surge capacity testing needs including point-of-care or other rapid testing for outbreaks. Plans should include provisions for testing at, and reporting from, non-traditional sites (e.g., schools, retail sites, community centers, residential medical facilities, or pharmacies); testing of populations at higher risk of becoming infected with SARS-CoV-2 due to high frequency of residential, occupational or nonoccupational contacts; and should also address any essential partnerships with academic, commercial, and hospital laboratories to successfully meet testing demand.

In conjunction with optimizing testing and increasing test volumes for COVID-19/SARS-CoV-2, resources will support the establishment of modernized, timely (real-time) public health surveillance (e.g., to help support case investigation and contact tracing) and health information systems. These systems will support the public health response to COVID-19 and

¹ Only current ELC recipients are eligible to receive awards associated with the supplement described in this guidance. While tribal nations are not included in these awards, other federal support is provided in the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021*.

lay the foundation for the future of public health surveillance.

Establishing systems and processes to report the data categories described in this document on a daily, automated basis to state and federal health systems is a requirement of accepting these funds, if such systems are not already in place. These systems must be transparent and visible to communities through an open website. For each data category, data elements will be specified by CDC for each reportable condition (e.g., race/ethnicity) at a later date. Both existing and newly established surveillance and data reporting systems must:

1. Ensure that real-time, at least daily, complete and accurate test orders and results can be exchanged within the healthcare/public health system and simultaneously reported to CDC and others via automated systems in a machine-readable format. These systems must support reporting of test results at the county or zip code level with additional data fields as specified by CDC [e.g., *Ask on Entry (AOE) questions*]. This includes not only testing for the presence of virus (nucleic acid or antigen testing), but also serological testing documenting past infection.
2. Ensure real-time, at least daily, complete, automated reporting in a machine-readable format for the following data categories: case, hospitalization and death reporting; emergency department syndromic surveillance; and capacity, resources, and patient impact at healthcare facilities through electronic reporting.
3. Support the display of up-to-date, critical public health information relating to COVID-19 and future outbreaks at the county or zip code level in visual dashboards or tables on county or state websites, including case data and syndromic surveillance data.

Enhancements to epidemiologic activities resulting from additional test data are also fundamental to controlling the spread of COVID-19. Recipients must accelerate efforts to conduct robust *case investigation and* contact tracing and then identify and isolate new cases of COVID-19 among symptomatic or asymptomatic individuals. This information should be further utilized to understand COVID-19/SARS-CoV-2 *transmission* within a community and determine appropriate mitigation strategies.

FUNDING STRATEGY

Funding by jurisdiction will be based on population, as provided in the legislative language for the *Coronavirus Response and Relief Supplemental Appropriations Act of 2021* (<https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-116HR133SA-RCP-116-68.pdf>).

Direct Assistance is authorized under CK19-1904²; however, should opportunities for direct assistance be made available, these will be shared broadly with our recipient base and options for providing direct assistance in lieu of financial assistance may be discussed and coordinated with the ELC Project Officer and the CDC Office of Grant Services (OGS).

²Legislative Authority for CK19-1904: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC sections 241 and 247b, as amended; and funding is, in part, appropriated under Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund), Title IV, Section 4002.

ALLOWABLE COSTS

Recipients should consider requesting the following when developing budgets, in furtherance of award activities. The financial resources provided are required, by law, to support activities intended to address prevention and response to COVID-19.

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Laboratory equipment and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables and other necessary supplies for existing testing or onboarding new platforms.
4. Courier service contracts (new or expansion of existing agreements).
5. Hardware and software necessary for robust implementation of electronic laboratory and surveillance data exchange between recipient and other entities, including healthcare entities, jurisdictional public health and CDC.
6. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of disease (e.g. GIS software, visualization dashboards, cloud services).
7. Contracts with academic institutions, private laboratories, **other non-commercial healthcare entities**, and/or commercial entities.
8. **Renovations and minor construction (e.g., alteration of less than 50% total square footage of an existing structure; installation of a concrete slab for modular laboratory units; etc.) may be considered for unique cases where conditions do not currently allow for safe or effective testing and/or delivery of effective public health services.**
9. **Leasing/purchasing vehicles (e.g., mobile testing, providing public health services in underserved areas, etc.). **Note:** Recipients will need to submit quotes with their revised budgets that are due within 60 days of award issuance and receive prior approval from OGS. After the revised NOA is issued, any further request for leasing/purchasing must be made through GrantSolutions and include the necessary quotes.**
10. **Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety or training needs.**
11. **Quarantine and isolation support necessary for preventing the spread of COVID-19 (including wraparound services such as hoteling, food, laundry, mental health services, etc.).**
12. **Stipends/incentives may be considered to encourage participation in testing and/or vaccination coverage for those put at higher risk for COVID-19 (individual level) or for facilities/agencies to enroll and/or report data to the health department (institutional level). Recipients interested in exploring this option (individual and/or institutional) must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount, (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 60 days of award issuance, stipend/incentive plans must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support stipends/incentives must be made in GrantSolutions, including the stipend/incentive plan, and receive CDC approval before implementation.**
13. **Resources to complement, but not duplicate, other CDC vaccine delivery efforts (e.g., those activities covered under IP19-1901). Costs can include infrastructure needs (e.g., staff, contractors, call centers, storage, space, etc.) that support testing as well as vaccination operations.**
14. **Health communications materials and health education services to inform and protect communities are allowable, if they do not duplicate activities covered by other CDC funding mechanisms (e.g., IP21-2106, IP21-2107). Recipients are reminded to be cognizant of the statutory and policy requirements for acknowledging the HHS/CDC funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents. In accordance with [CDC General Terms and Conditions for Non-research Awards - Acknowledgement of Federal Funding](#), in your base award.**

15. Expenses associated with outreach and assistance (e.g., support provided through community-based organizations) for those put at higher risk for COVID-19.

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable grant regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: [45 CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

SUPPORT TO LOCAL HEALTH DEPARTMENTS (LHD)

As with previous support provided for COVID-19 activities, recipients should work with their local health departments (LHDs) to determine how local needs will be addressed with the overall available resources. Direct ELC recipients **are strongly encouraged to** provide financial resources to LHDs within their jurisdiction by way of a contract or other mechanism(s) that may be available through their health department. In addition to financial resources, directly funded recipients may also provide support to LHDs through offering non-financial resources (personnel, supplies, etc.) to address COVID-19/SARS-CoV-2 testing, surveillance, case detection, reporting, response, and prevention needs at the local level. **When completing the revised budget, in the ELC budget workbook, there is a state/local health department allocation section that must be completed accurately to allow tracking of direct and indirect support to LHDs. During the quarterly workplan milestone progress reporting, recipients must provide reports, in the REDCap monitoring portal, on progress in supporting LHDs (e.g., on-track or barriers and proposed remedies, etc.) along with amount of funding (direct and/or indirect) to LHDs at time of reporting.**

The ELC Program Office will continue to monitor spending and programmatic performance, which will be reported to CDC and HHS leadership, and others as appropriate and necessary, on progress and barriers experienced by recipients (see HHS regulation on performance measurement [45 CFR 75.301](#)). Information regarding resources provided to local jurisdictions should be made available to the ELC Project Officer during regular monitoring calls and if issues arise that require action on the part of the recipient or CDC (e.g., significant delays by a local health department when submitting documentation to the state for reimbursement). In circumstances where CDC finds lessons learned from programmatic performance, such as successful or unsuccessful strategies, these may be shared with other recipients.

SUPPORTING MANAGEMENT OF ACTIVITIES AND RESOURCES

The ELC Program Office strongly recommends that recipients ensure ELC leadership staff at the recipient level are adequate for the management of this award and its integration with the recipient's overall portfolio of ELC funded activities. A minimum of 1 program manager and 1 budget staff (or equivalents) is suggested for the effective management and implementation of the recipients' proposed activities. Depending on the recipient's current capacity for managing both existing COVID-19 funds and these funds associated with this award, the program manager and budget staff may consist of full-time or additional part-time support to achieve the necessary monitoring and management requirements.

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding should support activities and the necessary reporting for **Budget Period 2 (BP2)** under CK19-1904. This supplemental funding is for a 30 ½ month project period and will end on July 31, 2023. The expanded project period coincides with the end of Budget Period 4 (BP4) of the ELC Cooperative Agreement (CK19-1904); therefore, workplans and revised budgets should reflect activities and associated costs that will end on July 31, 2023. Recipients are reminded that expanded authority³ applies, and funding may be extended to subsequent budget periods to cover the activities until July 31, 2023. Within 60 days of receipt of the Notice of Award (NOA), the recipient is required to submit a **workplan and revised budget describing its proposed activities**. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the **60-day** requirement:

1. Workplan entries will be completed in the ELC Enhancing Detection Expansion 'ELC ED Expansion' page, under 'ELC COVID-19 Projects' portal, in REDCap; and
2. Revised budgets **must be completed by using the Excel budget workbook** template provided via GrantSolutions Grant Notes at time of NOA issuance. **Note:** If a recipient does not meet the 60-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
 - a. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 60-day budget revision period for use in accomplishing activities outlined in this guidance;
 - b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
 - c. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap 'ELC ED Expansion Financials' page of the 'ELC COVID-19 Projects' portal, by the 60-day post award deadline; and
 - d. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

³ Expanded Authority is provided to recipients through 45 CFR Part 75.308, which allows carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report.

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Workplan detail

Additional workplan guidance will be provided to recipients post-award; they will be required to provide a clear and concise description of the time-bound strategies and activities they will use to achieve the project's outcomes, including:

1. Description of how 'ELC Enhancing Detection Expansion' funding will be used in coordination with funding from CDC's Crisis COVID-19 Notice of Funding Opportunity (NOFO), **Immunization and Vaccines for Children cooperative agreement (IP19-1901, original and any COVID-19 supplemental awards), and all other ELC COVID-19 funding previously awarded.**
2. Specify the distinct new or enhanced activities made possible by 'ELC **ED Expansion**'.
3. Plans for how the ELC recipient will work with local jurisdictions to meet local needs that support the entire jurisdiction. These plans must include: description of activities to be supported at the local level, identification of local partners and localities to be supported, methods to assess local needs, and description of funding mechanisms to support local entities, and estimated amount of support (monetary and in-kind) including to local health departments.
4. Description of expected mechanisms and frequency of interactions between the health department and/or public health laboratory with academic/hospital and commercial laboratories.
5. Description of testing **and case investigation and contact tracing** plan, including populations and institutional settings. Plans should align to your Jurisdictional Testing, **Case Investigation, and Contact Tracing plans for COVID-19 per legislation⁴. Plans for January 2021 – December 2021 must be submitted by March 18, 2021; and cover a 1-year period. The testing and case investigation and contact tracing plan will then be updated, on a quarterly basis, to reflect substantive changes and/or progress. Details about testing and case investigation and contact tracing plan submission will be shared with recipients via the ELC Program Office.**
 - a. Please note that HHS and/or CDC may work with recipients to transfer activities and associated costs (e.g., community- based testing sites, large test kit purchases (OASH), etc.) to these funds where appropriate and necessary.
 - b. To the extent that there are existing Federal (HHS) contracts for testing supplies, HHS and/or CDC may work with recipients to consider allowing recipients to buy into those existing contracts, as may be possible under applicable law.
6. Description of use of electronic health systems for surveillance, reporting, and public health action.

Note: In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.
4. Coordinate with the HHS Testing **and Diagnostics Working Group**, as needed, to support States testing strategies.

Within 60 days of receipt of the NOA, the recipient is required to submit a 'Budget Revision Amendment' as part of the recipient's current award (CK19-1904), Budget Period 2, no later than March 18, 2021.

⁴ Link to bill stating that there is to be a plan and the elements for incorporation: <https://www.congress.gov/bill/116th-congress/house-bill/266/> CDC will provide a template in REDCap for recipients to complete to provide additional guidance and ensure all necessary elements are addressed.

The 'budget revision amendment' must consist of the following documents:

1. **Budget Information: SF-424A**
 - a. Recipient can use the form generated by the ELC budget workbook;
 - b. Or, recipient can submit a PDF of this form.
 - c. Please do not use the **e-form in GrantSolutions** as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.
3. **Completed revised budget** using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in PMS for specific cost/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates **within REDCap**.
4. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC ED Expansion Financial Reporting' page.
5. Documentation of any necessary budget change/reallocation through REDCap and, as necessary, GrantSolutions.
6. If implementing new or replacement systems, develop an implementation plan, including:
 - a. Rationale for acquiring a new/replacement health information surveillance system and information used to make the decision, such as
 - i. gaps in existing system
 - ii. options explored prior to making the decision.
 - b. Tasks and efforts required (appropriate milestones).
 - c. Timeline for completion.
 - d. Person responsible for these activities.

Implementation plans must be submitted to EDX@cdc.gov, with a copy uploaded into REDCap. Plans will be reviewed and must receive programmatic support from CDC prior to start of implementation. (See Activities section below for specific activities requiring implementation plan and approval.)

7. Schedule a required call (at least 60 minutes) with CDC ELC Health Information Systems (HIS) team to review HIS related activities and milestones described in this workplan.
8. No later than April 30, 2021, have a call with the ELC Project Officer, which will include the recipient representatives to review proposed workplan activities and revised budget submission.
9. Recipient must establish/maintain electronic reporting of SARS-CoV2/COVID-19 laboratory data to CDC daily per the guidance provided by CDC (e.g., CELR). This includes all testing (e.g., positive/negative, PCR, Point-of-Care, etc.) and complete data elements (e.g., race/ethnicity) per CARES legislation and ELC performance measures.

Both CDC and recipients should appropriately coordinate with points of contact in relevant stakeholder organizations to maximize the impact of federal dollars [e.g., tribal nations, Health Resources and Services Administration (HRSA), HHS Testing and Diagnostics Working Group, etc.].

ACTIVITIES

Data collected as a part of the Activities supported with these funds shall be reported to CDC in the form and fashion determined by CDC. Recipients are required to establish electronic reporting systems to support comprehensive, timely, automated reporting of these data to LHD, CDC and others, at a frequency determined by CDC, if such systems are not already in place. Such systems must support reporting for COVID-19, other conditions of public health significance.

Note: These additional resources are intended to be directed toward testing, case investigation and contact tracing, surveillance, containment, and mitigation, including support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other related activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation which may include interstate compacts or other mutual aid agreements for such purposes.

The following programmatic workplan activities are required and must be completed by the public health department and/or public health laboratory. Note: If a recipient does not address all the required activities in the workplan, then the workplan will be considered incomplete. If the workplan is not complete by the 60-day submission requirement, and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan requirement.

The 'ELC Enhancing Detection Expansion' workplans will be started in REDCap for recipients through use of the 'ELC Enhancing Detection' workplans. Recipients will then build upon the workplans, in REDCap, to establish their 'ELC Enhancing Detection Expansion' workplans. If activities were not previously addressed in 'ELC Enhancing Detection' workplans, recipients are required to update 'ELC Enhancing Detection Expansion' workplans and respond to all activities. Certain activities or purchases will require recipients to work with ELC HIS prior to the start of implementation.

Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

1. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, quality management, inventory management, specimen management, diagnostic and surveillance testing and reporting results.
2. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
3. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including case investigation and contact tracing) and other emerging infections and conditions of public health significance. This should include staff who can address unique cultural needs of those put at higher risk for COVID-19.
4. Build expertise to support management of the COVID-19 related activities within the jurisdiction and integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).
5. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other emerging coronavirus and other infections and conditions of public health significance.

Strengthen Laboratory Testing

1. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 and build **infectious disease preparedness for future coronavirus and other events involving** other pathogens with potential for broad community spread.
 - a. Develop systems to improve speed and efficiency of specimen submission to clinical and reference laboratories.
 - b. Strengthen ability to quickly scale testing [e.g., **nucleic acid amplification test (NAAT), antigen, etc.**] as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner. **Laboratories are strongly encouraged to diversify their testing platforms to enable them to pivot depending on reagent and supply availabilities.**
 - c. Perform serology testing with an FDA EUA authorized serological assay in order to conduct surveillance for past infection and monitor community exposure.
 - d. Work with LHDs, including through sub-awards, to build local capacity for testing of COVID-19/SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.
 - e. Apply laboratory safety methods to ensure worker safety when managing and testing samples that may contain SARS-CoV-2/COVID-19.
 - f. Implement alternative surveillance methods, including sequencing, wastewater surveillance, regional testing centers for surveillance and screening, etc. and link with other relevant surveillance systems (e.g., immunization registry). [This activity is optional and should complement other already funded activities.]
 - g. Augment or add specificity to existing laboratory response plans for future coronavirus and other outbreak responses caused by an infectious disease.
 - h. Support national surveillance for SARS-CoV-2 by submitting representative, deidentified samples to CDC for sequencing through the National SARS-CoV-2 Strain Surveillance (NS3) program.

Note: CDC has issued guidance elsewhere on specifics of the submission of samples and metadata (see <https://www.aphl.org/sars2seq>), but in general: unless otherwise indicated, samples submitted for NS3 should be from separate cases, unrelated to each other and that represent typical cases of COVID-19 in the jurisdiction. The number of samples requested is reflective of a minimum number of samples needed for long term surveillance, with adjustments for population and other factors. Please work with the CDC NS3 surveillance team to develop a sustainable sampling plan for your jurisdiction.
 - i. Expand the use of SARS-CoV-2 genomic sequencing and molecular epidemiology for state and local surveillance and response.

Note: Timely access to viral genomic sequence data can be a critically important tool in responding to outbreaks; assessing transmission pathways, mechanisms and risk; determining the effectiveness of public health control measures; positioning state and local public health resources; and in supporting policy decisions. CDC encourages the expanded role of sequence data in support of state, local and regional public health priorities, especially when they are done in coordination with national sequencing efforts such as SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES). These efforts could include rapid sequencing and analysis of SARS-CoV-2 genomes by contractors and staff within the public health laboratory itself, through the expansion of laboratory capacity, workforce or bioinformatics capabilities (including improved access to cloud computing resources), or through the establishment or expansion of partnerships with academia and the private sector.
2. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories
 - a. Conduct surveillance of all SARS-CoV-2/COVID-19 testing resources and map the jurisdictional testing resources that exist outside the public health arena (e.g., point of care, private, academic, etc.).

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- b. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.
 - c. Secure and/or utilize mobile laboratory units, or other methods to provide POC testing (including antigen testing) at public health-led clinics or non-traditional test sites including but not limited to shelters or other places of congregate housing, food processing plants, correctional facilities, Long Term Care Facilities (LTCF), elementary and secondary schools, child care facilities, and institutions of higher education.
 - d. Ensure public/private laboratory testing providers, including those providing POC testing at public health-led clinics or non-traditional test sites, are provided biosafety resources for SARS-CoV-2 specimen collection and/or testing.
3. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.
 - a. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders. Ensure ability to track inventory of testing reagents by device/platform, among other things.
 - b. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, specimen collection sites, and test type will be used to create data visualizations that will be shared with the public, local health departments, and federal partners.

Advance Electronic Data Exchange at Public Health Labs

1. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.
 - a. Employ a well-functioning Laboratory Information Management System (LIMS) system to support efficient data flows within the PHL and its partners. This includes expanding existing capacity of the current LIMS to improve data exchange and increase data flows through LIMS maintenance, new configurations/modules, and enhancements. Implement new/replacement LIMS where needed.

Note: If implementing new or replacement systems, develop an implementation plan, including appropriate milestones and timeline to completion. Implementation plans will be reviewed and approved for consistency with the activities set forth in the ELC awards by CDC prior to start of implementation.
 - b. Ensure ability to administer LIMS. Ensure the ability to configure all tests that are in LIMS, including new tests, EUAs, etc., in a timely manner. Ensure expanding needs for administration and management of LIMS system are covered through dedicated staff.
 - c. Interface diagnostic equipment to directly report laboratory results into LIMS.
 - d. Put a web portal in place to support online ordering and reporting. Integrate the web portal into the LIMS.

Note: If implementing new or replacement systems, develop an implementation plan, including appropriate milestones and timeline to completion. Implementation plans will be reviewed and approved for consistency with the activities set forth in the ELC awards by CDC prior to start of implementation.
 - e. Enhance laboratory test ordering and reporting capability.
 - i. Implement or improve capacity to consume and produce electronic HL7 test orders and result reporting (ETOR) to allow laboratories and healthcare providers to directly exchange

standardized test orders and results across different facilities and electronic information systems using agreed upon standards.

- ii. 100% of results must be reported with key demographic variables including age/gender/race.
- iii. Report all testing to the health department and CDC using HL7 ELR.

Improve Surveillance and Reporting of Electronic Health Data

Conducting the activities in this section to enable comprehensive, automated, daily reporting to the CDC and others in a machine-readable format, is a requirement of accepting these funds. See CDC website(s) for required data elements. Websites will be amended as requirements are updated.

A. **Lab Reporting:** <https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html#what-to-report>

B. **Case Reporting:** <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>.

1. Establish complete, up-to-date, **timely**, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other coronavirus and other **emerging infections which impact** conditions of public health significance, with required associated data fields in a machine-readable format, by:
 - a. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.
 - b. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.
2. **Establish additional and on-going surveillance methods (e.g. sentinel surveillance) for COVID-19 and other conditions of public health significance.**
3. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported):
 - a. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows (**e.g., reporting portals**) and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).
 - b. Automate receiving EHR data, including eCR and FHIR-base eCR Now, to generate initial case report as specified by CDC for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death. Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.
 - c. **Develop a project plan for the automated processing of the Electronic Initial Case Report (eICR) and Reportability Response (RR) into health information systems. Prior to implementation of eICR and RR for a specific disease or disease group, plan how data will be used for surveillance workflows (e.g. negative COVID-19 reports from providers), draft reporting specifications, and consumption, as appropriate.**

Note: As an interim solution, while health information system capacity is being developed, convert to a human readable format and provide for use by appropriate surveillance program personnel.

- d. Increase connectivity with laboratory and healthcare feeds for epidemiologic analysis (including using automated single CSV files).
 - e. Expand **electronic reporting mechanism (e.g., eCR, ELR)** to include all conditions of public health significance.
4. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
 - a. Required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in jurisdiction and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.
 - b. Increase ADT messaging and use to achieve comprehensive surveillance of emergency room visits, hospital admissions, facility and department transfers, and discharges to provide an early warning signal, to monitor the impact on hospitals, and to understand the growth of serious cases requiring admission.
5. Enhance systems for flexible data collection, reporting, analysis, and visualization.
 - a. Implement new/replacement systems where needed. Ensure systems are interoperable and that data can be linked across systems (**e.g., public health, healthcare, private labs**), including adding the capacity for lab data and other data to be used by the software/tools that are being deployed for **case investigation and** contact tracing.

Note:

1. If implementing new or replacement systems, develop an implementation plan, including:
 - a. Rationale for acquiring a new/replacement health information surveillance system and information used to make the decision, such as
 - i. gaps in existing system
 - ii. options explored prior to making the decision.
 - b. Tasks and efforts required (appropriate milestones).
 - c. Timeline for completion.
 - d. Person responsible for these activities.

Implementation plans must be submitted to EDX@cdc.gov, with a copy uploaded into REDCap. Plans will be reviewed and must receive programmatic support from CDC prior to start of implementation.
2. Examples for data linkages and/or interoperability across systems include case surveillance data, vaccination data, vital records, etc.
3. If implementing or expanding immunizations related information technology systems (e.g., registries, data lake, VAMS, vaccine finder, etc.), recipient should work with Immunization Cooperative Agreement Project Officer for long-term support. Once COVID funds are exhausted, ELC Cooperative Agreement will not have resources for ongoing financial assistance with these registries.

- b. Update/Enhance/Modernize infrastructure to handle large data streams and properly process, triage, and retain data. For example, receiving large numbers of negative test results, triage, process, and use as appropriate. Consider scalable storage (e.g. data lake).
 - c. Data must be made available at the local, state, and federal level.
 - d. Make data on cases, syndromic surveillance, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.
- 6. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs.) data transmission to a system and open website available to local health officials and the public by county and zip code, that allows for automated transmission of data to the CDC in a machine readable format.
 - a. Increase coverage (Target for emergency departments (ED): 100%) and number of facilities submitting syndromic surveillance data to the National Syndromic Surveillance Program (NSSP) [<https://www.cdc.gov/nssp/index.html>] for emergency department (ED) and urgent care facilities for syndromes and illnesses with messages that include the NSSP priority 1 and 2 data elements.
 - b. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields in a machine-readable format.
 - c. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting to CDC with associated required data fields in a machine-readable format.
 - d. Report requested COVID-19/SARS-CoV-2-related data, including line level testing data (negatives, positives, indeterminants, serology, antigen, nucleic acid) daily by county or zip code to the CDC-designated system.
 - e. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, routine and other threats to the public health and conditions of public health significance.

Use Laboratory Data to Enhance Investigation, Response and Prevention

- 1. Use laboratory data to initiate and conduct case investigation and contact tracing and follow up; and implement containment measures.
 - a. Conduct necessary case investigation and contact tracing including contact elicitation/identification, contact notification, contact testing, and follow-up. Activities could include traditional case investigation and contact tracing and/or proximity/location-based methods, as well as methods adapted for healthcare-specific contexts, employers, elementary and secondary schools, childcare facilities, institutions of higher education, long-term care facilities, or in other settings.
 - b. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.
- 2. Identify cases and exposure to COVID-19 in high-risk settings or within populations at increased risk of severe illness or death to target mitigation strategies and referral for therapies (for example, monoclonal antibodies) to prevent hospitalization.
 - a. Assess and monitor infections in healthcare workers across the healthcare spectrum.
 - b. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).

- c. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk **occupational** settings (e.g., meat processing facilities), and congregate living settings (e.g., **correctional facilities**, youth homes, shelters).
- d. Work with LHDs to build local capacity for reporting, rapid containment and prevention of COVID-19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.
- e. **Jurisdictions should ensure systems are in place to link test results to relevant public health strategies, including prevention and treatment.**

Note: Additional resources

Treatment: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html>

Public health strategies: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e2.htm>

- 3. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations as appropriate) including proactive monitoring for asymptomatic case detection.
Note: These additional resources are intended to be directed toward testing, case investigation and contact tracing, surveillance, containment, and mitigation, including support for workforce, epidemiology, use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or in other settings, scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and other related activities related to COVID-19 testing, case investigation and contact tracing, surveillance, containment, and mitigation which may include interstate compacts or other mutual aid agreements for such purposes.
 - a. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist (IP) for every facility) and outpatient settings.
 - i. Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.
 - ii. Develop interoperable patient safety information exchange systems.
 - iii. Assist with enrollment of all LTCFs into NHSN and provision of related user support.
 - b. **Build capacity for infection prevention and control in elementary and secondary schools, childcare facilities, and/or institutions of higher education.**
 - c. Increase Infection Prevention and Control (IPC) assessment capacity onsite using tele-ICAR.
 - d. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.
 - e. Coordinate as appropriate with federally funded entities responsible for providing health services to **higher-risk** populations (e.g., tribal nations and federally qualified health centers).

Coordinate and Engage with Partners

- 1. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.
 - a. Support appropriate LHDs with acquiring equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.
 - b. Support LHDs to conduct appropriate specimen collection and/or testing within their jurisdictions.
- 2. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

- a. Build infection prevention and control and outbreak response expertise in local health departments (LHDs).
- b. Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services.

PERFORMANCE MEASURES AND REPORTING

Performance Measures: In addition to the metrics and deliverable indicated above, performance measures specific to COVID-19-related activities will be finalized and provided to recipients within **approximately 45** days of award. The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate, existing ELC performance measures may be used. While more frequent reporting may be employed within the first year of this supplement, these requirements may be adjusted as circumstances allow. Where it is possible, reporting will be aligned to current performance measure reporting timelines.

Consistent with current ELC Program Office practice, progress on **workplan milestones** will be reported on a quarterly basis utilizing REDCap. Recipients will be provided 2 weeks to update their progress and note any challenges encountered since the previous update. Financial reporting requirements shall be noted and, as necessary, updated in the Terms and Conditions of the award. The ELC Program Office will work with OGS to limit the administrative burden on recipients.

Summary of Reporting Requirements:

1. Quarterly progress reports on milestones in approved workplans via REDCap.
2. Monthly fiscal reports (beginning 60 days after NOAs are issued).
3. Performance measure data.
4. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

Please also note: Data collected as a part of the activities supported with these funds shall be reported to CDC in a form and fashion to be determined and communicated at a later date.

ELC Enhancing Detection Expansion Guidance - 1/12/2021

ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT

ELC Enhancing Detection Expansion

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds

Reference: Guidance for the use of supplemental funding (January 2021) for CK19-1904 ELC Enhancing Detection Through Coronavirus Response and Relief (CRR).

This is to acknowledge that I have received, reviewed and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

Authorized Official

EXHIBIT B

**Recipient Information****1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

CHRISTINA-I G TAN
walter.valora@doh.state.nj.us
[NO DATA]

8. Authorized Official

Mr. Eric. Carlsson
Authorized Business Official
eric.carlsson@doh.nj.gov
609-376-8480

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10. Program Official Contact Information

Yonathan Gebru
Program Officer
qmw9@cdc.gov
6784272383

Federal Award Information**11. Award Number**

6 NU50CK000525-05-08

12. Unique Federal Award Identification Number (FAIN)

NU50CK000525

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Carryover of Funds

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - **End Date** 07/31/2027

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

\$26,156,848.52

20b. Indirect Cost Amount

\$620,569.00

21. Authorized Carryover

\$45,468,804.52

22. Offset

\$804,077.00

23. Total Amount of Federal Funds Obligated this budget period

\$11,168,123.00

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$11,168,123.00

26. Period of Performance Start Date 08/01/2019 - **End Date** 07/31/2027

27. Total Amount of the Federal Award including Approved

Cost Sharing or Matching this Period of Performance

\$1,409,074,042.77

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Karen Zionl
Grants Management Officer

30. Remarks

**Recipient Information****Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only**II. Total project costs including grant funds and all other financial participation**

a. Salaries and Wages	\$12,339,731.00
b. Fringe Benefits	\$8,866,806.00
c. Total Personnel Costs	\$21,206,537.00
d. Equipment	\$7,501,927.52
e. Supplies	\$4,323,565.00
f. Travel	\$176,125.00
g. Construction	\$0.00
h. Other	\$3,071,223.00
i. Contractual	\$19,146,048.00
j. TOTAL DIRECT COSTS	\$55,425,425.52
k. INDIRECT COSTS	\$2,015,579.00
l. TOTAL APPROVED BUDGET	\$57,441,004.52
m. Federal Share	\$57,441,004.52
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
3-9390LMF	19NU50CK000525DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390JXH	19NU50CK000525DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390LFD	19NU50CK000525DMD2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-9390JEN	19NU50CK000525NWS2C6	CK	41.51	93.323	\$0.00	75-X-0140
3-939017Y	19NU50CK000525ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943
3-939017Z	19NU50CK000525ASA2C6	CK	41.51	93.323	\$0.00	75-X-0943
3-9210995	19NU50CK000525SHP2C6	CK	41.51	93.323	\$0.00	75-X-0140
4-9390MVR	19NU50CK000525ASA2C6	CK	41.51	93.323	\$0.00	75-X-0140
4-9390MVS	19NU50CK000525NWS2C6	CK	41.51	93.323	\$0.00	75-X-0140
4-9390MVT	19NU50CK000525SHP2C5	CK	41.51	93.323	\$0.00	75-2124-0943



Centers for Disease Control and Prevention

Award# 6 NU50CK000525-05-08

FAIN# NU50CK000525

Federal Award Date: 04/22/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

HEALTH, NEW JERSEY DEPARTMENT OF

6 NU50CK000525-05-08

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Carryover: The purpose of this amended Notice of Award is to approve carryover of unobligated funds in the amount of \$26,777,417.52. This is in response to a request submitted by your organization dated March 27, 2024.

These funds have been approved as follows:

ELC CARES 19NU50CK000525C3		
	Requested	Approved
Salaries	\$0	\$0
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$600,000	\$30,247.52
Supplies	\$0	\$0
Contractual	\$0	\$0
Other	\$250,000	\$250,000
Total Direct Costs	\$850,000	\$280,247.52
Indirect Costs	\$0	\$0
Total	\$850,000	\$280,247.52

Enhancing Detection 19NU50CK000525C4		
	Requested	Approved
Salaries	\$3,854,468	\$3,854,468
Fringe	\$2,973,722	\$2,973,722
Travel	\$0	\$0
Equipment	\$5,627,080	\$4,810,080
Supplies	\$0	\$0
Contractual	\$10,233,207	\$10,233,207
Other	\$0	\$0
Total Direct Costs	\$22,688,477	\$21,871,477
Indirect Costs	\$620,569	\$620,569
Total	\$23,309,046	\$22,492,046

Enhancing Detection Expansion 19NU50CK000525EDEXC5		
	Requested	Approved
Salaries	\$0	\$0
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$285,323	\$0
Supplies	\$0	\$0
Contractual	\$2,987,450	\$2,987,450
Other	\$0	\$0
Total Direct Costs	\$3,272,773	\$2,987,450
Indirect Costs	\$0	\$0
Total	\$3,272,773	\$2,987,450

Strengthening HAI/AR Program Capacity (SHARP) 19NU50CK000525SHRPC6		
	Requested	Approved
Salaries	\$0	\$0
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$55,000	\$55,000
Supplies	\$0	\$0
Contractual	\$942,674	\$942,674
Other	\$0	\$0
Total Direct Costs	\$0	\$0
Indirect Costs	\$0	\$0
Total	\$997,674	\$997,674

Project W SET NET 19NU50CK000525NETC6		
	Requested	Approved
Salaries	\$0	\$0
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$0	\$0
Supplies	\$0	\$0
Contractual	\$5,000	\$5,000
Other	\$0	\$0
Total Direct Costs	\$5,000	\$5,000
Indirect	\$0	\$0
Total	\$5,000	\$5,000

Project O NIOSH I/O 19NU50CK000525JKOWC3		
	Requested	Approved
Salaries	\$0	\$0
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$0	\$0
Supplies	\$0	\$0
Contractual	\$15,000	\$15,000
Other	\$0	\$0
Total Direct Costs	\$15,000	\$15,000
Indirect	\$0	\$0
Total	\$15,000	\$15,000

Unobligated funds in the amount of \$26,777,417.52 have been applied to this award. Please note that if the actual amount of available unobligated funds is less than the amount used in this action, the total approved budget may be reduced by the difference in a subsequent award action, thus reducing the amount of the current award.

Your organization's request to carryover \$110,000 under document number 19NU50CK000525HOMEC6 was not processed as the requested contract was previously approved, and a carryover request was not necessary.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

1. DATE ISSUED MM/DD/YYYY 1a. SUPERSEDES AWARD NOTICE dated #: 2299

07/10/2019

except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO.

93.323 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 1 NU50CK000525-01-00

Formerly

5. TYPE OF AWARD

Other

4a. FAIN NU50CK000525

5a. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY

From 08/01/2019

Through

MM/DD/YYYY

07/31/2024

7. BUDGET PERIOD MM/DD/YYYY

From 08/01/2019

Through

MM/DD/YYYY

07/31/2020

8. TITLE OF PROJECT (OR PROGRAM)

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

9a. GRANTEE NAME AND ADDRESS

Health, New Jersey Department of
369 S Warren St
Trenton, NJ 08608-2308

9b. GRANTEE PROJECT DIRECTOR

CHRISTINA-1 G TAN
135 EAST STATE STREET
PO BOX 369
NJ DEPT OF HEALTH
TRENTON, NJ 08625-0369

10a. GRANTEE AUTHORIZING OFFICIAL

Mr. Eric. Carlsson
369 S WARREN ST
TRENTON, NJ 08608-2308
Phone: 609-292-7646

10b. FEDERAL PROJECT OFFICER

Wayne Brathwaite
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404-639-5127

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only

II Total project costs including grant funds and all other financial participation

I

a. Salaries and WageS	922,779.00
b. Fringe Benefits	447,150.00
c. Total Personnel Costs	1,369,929.00
d. Equipment	38,000.00
e. Supplies	159,449.00
f. Travel	66,307.00
g. Construction	0.00
h. Other	210,881.00
i. Contractual	1,404,012.00
j. TOTAL DIRECT COSTS	3,248,578.00
k. INDIRECT COSTS	109,806.00
l. TOTAL APPROVED BUDGET	3,358,384.00
m. Federal Share	3,358,384.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	3,358,384.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	3,358,384.00
13. Total Federal Funds Awarded to Date for Project Period	3,358,384.00

14. RECOMMENDED FUTURE SUPPORT

(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION
- b. ADDITIONAL COSTS
- c. MATCHING
- d. OTHER RESEARCH (Add / Deduct Option)
- e. OTHER (See REMARKS)

b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
- b. The grant program regulations.
- c. This award notice including terms and conditions, if any, noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -

☒ Yes☐ No

GRANTS MANAGEMENT OFFICIAL:

Shirley K Byrd, Grants Management Officer
2939 Flowers Rd
Mailstop TV-2
Atlanta, GA 30341-5509
Phone: (770) 488-2591

17.OBJ CLASS	41.51	18a. VENDOR CODE	1216000928B7	18b. EIN	216000928	19. DUNS	806418075	20. CONG. DIST.	12
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-921VV46	b.	19NU50CK000525	c.	CK	d.	\$373,054.00	e.	75-19-0949
22. a.	9-921VV47	b.	19NU50CK000525	c.	CK	d.	\$154,000.00	e.	75-19-0949
23. a.	9-939014P	b.	19NU50CK000525	c.	CK	d.	\$53,924.00	e.	75-19-0949

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 07/10/2019
GRANT NO. 1 NU50CK000525-01-00	

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
24.a. 9-93901FW	b. 19NU50CK000525	c. CK	d. \$474,134.00	e. 75-19-0959
25.a. 9-93905VH	b. 19NU50CK000525	c. CK	d. \$99,168.00	e. 75-19-0949
26.a. 9-93906EZ	b. 19NU50CK000525	c. CK	d. \$75,000.00	e. 75-19-0947
27.a. 9-93908MV	b. 19NU50CK000525	c. CK	d. \$828,030.00	e. 75-19-0949
28.a. 9-93909PE	b. 19NU50CK000525	c. CK	d. \$31,436.00	e. 75-X-0951
29.a. 9-93909PG	b. 19NU50CK000525	c. CK	d. \$23,084.00	e. 75-X-0951
30.a. 9-93909QZ	b. 19NU50CK000525	c. CK	d. \$163,305.00	e. 75-X-0951
31.a. 9-93909R9	b. 19NU50CK000525	c. CK	d. \$30,000.00	e. 75-19-0949
32.a. 9-93909UW	b. 19NU50CK000525	c. CK	d. \$279,686.00	e. 75-X-0949
33.a. 9-9390CA2	b. 19NU50CK000525	c. CK	d. \$267,521.00	e. 75-19-0952
34.a. 9-939ZRQB	b. 19NU50CK000525	c. CK	d. \$9,664.00	e. 75-19-0950
35.a. 9-939ZSCE	b. 19NU50CK000525	c. CK	d. \$257,232.00	e. 75-19-0951
36.a. 9-939ZSKR	b. 19NU50CK000525	c. CK	d. \$16,713.00	e. 75-19-0949
37.a. 9-939ZVJC	b. 19NU50CK000525	c. CK	d. \$222,433.00	e. 75-19-0949

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 07/10/2019
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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
08/01/2019	07/31/2020	Annual	10/29/2020
08/01/2020	07/31/2021	Annual	10/29/2021
08/01/2021	07/31/2022	Annual	10/29/2022
08/01/2022	07/31/2023	Annual	10/29/2023
08/01/2023	07/31/2024	Annual	10/29/2024

AWARD ATTACHMENTS

New Jersey Department of Health

1 NU50CK000525-01-00

1. Terms and Conditions

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-CK19-1904, entitled 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) - 2019, and application dated May 10, 2019, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$3,358,384 is approved for the Year 01 budget period, which is August 1, 2019 through July 31, 2020. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

NOFO Funding	Amount
Non-PPHF	\$ 3,358,384

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

Objective/Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Program Officer noted in the CDC Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, September 2, 2019, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By September 2, 2019 the recipient must submit a revised budget with a narrative justification. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs: Indirect costs are approved based on the negotiated indirect cost rate agreement dated October 3, 2018, which calculates indirect costs as follows, a Provisional is approved at a rate of 14% of the base, which includes, direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits. The effective dates of this indirect cost rate are from 0701/2019 to until amended.

REPORTING REQUIREMENTS

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 8/31/2019.** The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html> .

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Karen Zion, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS-TV-2
Atlanta, GA 30341
Telephone: 770-488-2729

Email: wvf8@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

Component: Non-PPHF
Document Number: 19NU50CK000525

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Karen Zion, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Disease Services Branch
2939 Flowers Road, MS-TV-2
Atlanta, GA 30341
Telephone: 770-488-2729
Email: wvf8@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

General Terms and Conditions for Non-Research Grants and Cooperative Agreements

Incorporation: The U.S. Department of Health and Human Services (HHS) grant recipients must comply with: all terms and conditions outlined in the Notice of Funding Opportunity (NOFO); their Notice of Award (NOA); grants policy contained in applicable HHS Grants Policy Statements; HHS grant administration regulations (e.g., 45 CFR Part 75, 2 CFR 200 (as applicable)); requirements imposed by program statutes and regulations; applicable Executive Orders; HHS Administrative and National Policy Requirements; HHS policies, directives, and guidance; and requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024

This award is subject to the requirements in 45 CFR Part 75, except as amended by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "*Modified Total Direct Cost*", "*Equipment*", and "*Supplies*"
- 2 CFR § 200.313(e). Equipment, *Disposition*
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount subawards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	Replaces 45 CFR 75 citation
2 CFR § 200.1. Definitions, <i>"Modified Total Direct Cost"</i>	45 CFR § 75.2. Definitions, <i>"Modified Total Direct Cost"</i>
2 CFR § 200.1. Definitions, <i>"Equipment"</i>	45 CFR § 75.2. Definitions, <i>"Equipment"</i>
2 CFR § 200.1. Definitions, <i>"Supplies"</i>	45 CFR § 75.2. Definitions, <i>"Supplies"</i>
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, <i>De Minimis Rate</i>
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated and applicable.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rqn=div5>

HHS Administrative and National Policy Requirements

<https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement (effective for new, continuation, and supplemental awards made on or after October 1, 2024)

<https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>

HHS Grants Policy Statement (January 2007 version applies to awards issued before October 1, 2024)

<https://public3.pagefreezer.com/browse/HHS.gov/27-09-2024T06:59/https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA). <https://sam.gov/fsrs>.

Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175>

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award and consistent with the specific funds provided under that award. The general provisions for grants, cooperative agreements and loans funded by the Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations Act is available

at: <https://www.congress.gov/resources/display/content/Appropriations+and+Budget>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS award or order; it merely limits the portion of that salary that may be paid with federal funds. The HHS Grants Policy Statement further explains the application of this salary rate limitation.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive- legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Anti-Lobbying Restrictions for CDC Grantees at <https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf>.

- D. Blocking access to pornography (Div. H, Title V, Sec. 520): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
- E. Needle Exchange (Div. H, Title V, Sec. 526): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Prohibition on certain telecommunications and video surveillance services or equipment ([2 CFR 200.216](#)): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [2 CFR 200.216](#), covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under [2 CFR 200.216](#) until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of [2 CFR 200.216](#). The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public.

Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific data that will be shared under the award, 2) the process and timing planned for such sharing, 3) and any legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations (*including US-based organizations implementing projects with foreign components*): An organization that expends \$1,000,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 2 CFR 200.501. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends \$300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet

these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at [eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information](#) and <https://sam.gov/fsrs> for reporting requirements and guidance.

Unique Entity Identifier (UEI)

The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with [2 CFR part 25, Appendix A](#), a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award term and condition, you must report proceedings information through SAM for the most recent five-year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with the HHS Administrative and National Policy Requirements found at <https://www.hhs.gov/sites/default/files/hhs-administrative-national-policy-requirements.pdf>.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

This award may be terminated in whole or in part:

- (1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;
- (2) By the HHS awarding agency or pass-through entity for cause;
- (3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;
- (4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated.

However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget

- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Recipient Contractual/Consultant Cost Agreements: In accordance with §2 CFR 200.325, all supporting documentation related to the elements outlined in the [Budget Preparation Guidelines](#) must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter "statements") --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available without any embargo or delay after publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must also post the manuscript through PubMed Central (PMC) without any embargo or delay after publication. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC.

The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. As a general matter, a non-federal entity is not authorized to use the HHS name or logo. Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). The appropriate use of the HHS logo is subject to review and approval of the HHS Assistant Secretary for Public Affairs (ASPA), and if granted would be governed by a logo license agreement setting forth the terms and conditions of use.

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC, generally in the form of a logo license agreement setting forth the terms and conditions of use. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$10,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy. The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of

these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA.

For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E- Government Act of 2002 Pub. L. No. 107-347, please review the following website: <https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Whistleblower Protections: As a recipient of this award, you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

Cybersecurity Requirements: Recipients shall develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS and CDC systems and data, if the following conditions are met: 1) recipients, subrecipients, or third-party entities have ongoing and consistent access to HHS owned or operated information or operational technology systems and 2) recipients, subrecipients, or third-party entities receive, maintain, transmit, store, access, exchange, process, or utilize personal identifiable information (PII) or personal health information (PHI) obtained from the awarding HHS agency for the purposes of executing the award. Where both conditions exist, recipients must develop cybersecurity plans and procedures modeled after the NIST Cybersecurity framework (<https://www.nist.gov/cyberframework>) to protect HHS systems and data.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at <https://tips.oig.hhs.gov/> or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

For additional information, see: <https://oig.hhs.gov/fraud/report-fraud/>.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/>

PMS Phone Support: +1(877)614-5533

PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable, as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of [SAM.gov](https://www.sam.gov)). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$10,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$10,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government (see 2 CFR 200.313(e)(1)).

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and

guidance to applicants on possible linkages with other resources;

- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

EXHIBIT C

Updated Companion Clarifying Document for ELC Enhancing Detection (ED) and Enhancing Detection Expansion (EDE) COVID-19 Funding

While ELC ED/EDE funds are already budgeted at the recipient level, below are things to consider as needs evolve. Please remember that all budget items must clearly link to an approved work plan. Please also note that unless a waiver from the Office of Financial Services (OFR) is obtained, ED/EDE funds are legislatively tied to COVID-19 and COVID-19 must be a part of the approved activities. Finally, these funds are not intended to duplicate support being provided through other forms of financial assistance. Please ensure there is ample coordination with Project Directors over grants and cooperative agreements that may have complementary work (i.e., PHEP and Crisis, Immunization, PHIG, etc.)

Clarification of Allowable Activities for the ED/EDE funds

As SARS-CoV-2/COVID-19 testing, surveillance, monitoring, and reporting becomes more integrated into the routine activities for respiratory pathogens more broadly, COVID-19 funded activities should still focus on directly benefiting COVID-19-related public health activities and improved situational awareness that may inform public health action. COVID-19-funded infrastructure and activities may integrate other pathogens and syndromes as long as COVID-19 testing or surveillance is included in the effort. For example, COVID funded laboratory, surveillance, epidemiology, and informatics personnel may work on other pathogens and syndromes, in addition to SARS-CoV-2 and COVID-19, as long as detection/assessment/reporting/visualization activities for SARS-CoV-2 and COVID-19 are included in their routine scope of work. Activities can be conducted and integrated within **broader respiratory pathogen program activities**. Examples of broad-scale work that may be appropriate to support with ED/EDE funds include (not exhaustive):

- **testing for SARS-CoV-2** alone or as part of a multi-pathogen panel
- **sequencing of SARS-CoV-2** positive specimens
- conducting sentinel or systematic respiratory pathogen focused **surveillance activities** (either laboratory based or syndrome-based approaches using case definitions of Influenza-like illness (ILI), COVID-like illness (CLI), acute respiratory illness (ARI), mortality, post-COVID conditions, and multisystem inflammatory syndrome in children (MIS-C)), including data management, analysis, visualization, and reporting
- **outbreak response** activities for respiratory illness in congregate settings that may be COVID-19-associated
- If not already supported through other awards, improving the completeness and accuracy of **immunization registries** (including for COVID-19 vaccines), or interoperability with the state's surveillance system
- Maintenance, support, and continued enhancement of **electronic integrated disease surveillance systems, public health laboratory information management system(s) (LIMS), electronic data exchange of core public health data** (e.g., electronic laboratory reports (ELR), electronic case reports (eCR), syndromic surveillance, electronic test orders and results (ETOR)), and other peripheral systems (e.g., integration engines, vocabulary services) used for the surveillance of COVID-19 and other pathogens.
- Maintenance, support, and continued enhancement of **modernized enterprise infrastructure and shared services** to ensure access to systems and data for public health action (e.g., data lakes/warehouses, master patient indices, data linkage tools, geospatial analysis)
- Development and support for internal and external **dashboards, reporting enhancements, and data modernization** that include COVID-19 data

Considerations for Utilization of Funds:

Below are items to consider that may support your approved work plans:

- Purchasing freezers, extraction equipment, testing and sequencing platforms, and other laboratory equipment, supplies, and reagents to support testing for SARS-CoV-2.
- Support for staffing with expertise in IT, data management, data visualization, communications, surveillance, epidemiology, statistical analyses, and informatics related respiratory illness and including COVID-19 and SARS-CoV-2.
- Costs related to maintenance and operations or licensing of integrated disease surveillance system or LIMS used for COVID-19 and other pathogens, including associated trainings for system administration and configuration.
- Preventative maintenance (PM) costs of already existing equipment/instruments that may be used for COVID testing. This is especially important for those assays covered under CLIA. Please remember that maintenance contracts may be set up with the manufacturer beyond warranty period for newly purchased equipment.
- Support for staffing or tools necessary for Quality Management Systems important for laboratory operations that carry out testing for SARS-CoV-2 and other respiratory pathogens.
- Enhancement of COVID and other respiratory pathogen surveillance activities and reporting.
- Regarding flexibilities related to contractual activities, consult with your jurisdiction acquisition office to learn more about your jurisdiction-specific policies. This will also require negotiation with the intended vendor.
 - Note: Service agreements that are paid up-front and have no additional costs associated at a later date can have timeframes that exceed the no-cost extension period of the ED/EDE ELC cooperative agreement period of performance which is currently July 31, 2026.

No Longer Supported

New **incentive requests**, new requests to **purchase vehicles, furniture**, and new requests for **construction** will no longer be supported. The allowance of these purchases was uniquely given during the pandemic, but they are not allowed under routine operations. This applies to recipients and subrecipients (e.g., LHDs).

EXHIBIT D

**Recipient Information****1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

CHRISTINA-I G TAN
walter.valora@doh.state.nj.us
[NO DATA]

8. Authorized Official

Mr. Eric. Carlsson
Director, Budget and Financial Planning
eric.carlsson@doh.nj.gov
609-376-8480

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Benjamin Weiss
Grants Management Specialist
abb3@cdc.gov
4044983233

10. Program Official Contact Information

Yonathan Gebru
Program Officer
qnw9@cdc.gov
6784272383

Federal Award Information**11. Award Number**

6 NU50CK000525-05-09

12. Unique Federal Award Identification Number (FAIN)

NU50CK000525

13. Statutory Authority

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

14. Federal Award Project Title

Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC)

15. Assistance Listing Number

93.323

16. Assistance Listing Program Title

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 08/01/2023 - **End Date** 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$45,468,804.52

22. Offset \$804,077.00

23. Total Amount of Federal Funds Obligated this budget period \$11,168,123.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$11,168,123.00

26. Period of Performance Start Date 08/01/2019 - **End Date** 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,407,872,139.72

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000525-05-09

FAIN# NU50CK000525

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$12,339,731.00
b. Fringe Benefits	\$8,866,806.00
c. Total Personnel Costs	\$21,206,537.00
d. Equipment	\$7,501,927.52
e. Supplies	\$4,323,565.00
f. Travel	\$176,125.00
g. Construction	\$0.00
h. Other	\$3,071,223.00
i. Contractual	\$19,146,048.00
j. TOTAL DIRECT COSTS	\$55,425,425.52
k. INDIRECT COSTS	\$2,015,579.00
l. TOTAL APPROVED BUDGET	\$57,441,004.52
m. Federal Share	\$57,441,004.52
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9390EWQ	19NU50CK000525C3	CK	41.51	93.323	\$0.00	75-2024-0943
0-9390F7F	19NU50CK000525C4	CK	41.51	93.323	\$0.00	75-X-0140
0-9390EPX	19NU50CK000525CV	CK	41.51	93.323	\$0.00	75-2022-0943
1-9390GKT	19NU50CK000525EDEXC5	CK	41.51	93.323	\$0.00	75-2122-0140
2-9390ETG	19NU50CK000525MISCCV	CK	41.51	93.323	\$0.00	75-2022-0943
4-9390MVT	19NU50CK000525SHP2C5	CK	41.51	93.323	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU50CK000525-05-09

FAIN# NU50CK000525

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NU50CK000525-05-09

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

EXHIBIT E

**Recipient Information****1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
PO BOX 369
Trenton, NJ 08625-0369
609-826-4945

2. Congressional District of Recipient

04

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Mr. Gary Ludwig
gary.ludwig@doh.nj.gov
609-826-4864

8. Authorized Official

Dr. Tina Tan
Assistant Commissioner State Epidemiologist
christina.tan@doh.nj.gov
6099845474

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Kathy Raiblel
Grants Management Officer
kcr8@cdc.gov
770-488-2045

10. Program Official Contact Information

Ms. Randi Tolstyk
Public Health Advisor
kkq9@cdc.gov
770-488-5114

Federal Award Information**11. Award Number**

6 NH23IP922594-05-10

12. Unique Federal Award Identification Number (FAIN)

NH23IP922594

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 06/30/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$1,874.00

20b. Indirect Cost Amount (\$1,874.00)

21. Authorized Carryover \$73,943,913.00

22. Offset \$3,145,386.00

23. Total Amount of Federal Funds Obligated this budget period \$29,856,524.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$29,856,524.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 06/30/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$249,109,811.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922594-05-10

FAIN# NH23IP922594

Federal Award Date: 10/08/2024

Recipient Information**Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
PO BOX 369
Trenton, NJ 08625-0369
609-826-4945

Congressional District of Recipient

04

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages

\$12,724,971.00

b. Fringe Benefits

\$9,687,146.00

c. Total Personnel Costs

\$22,412,117.00

d. Equipment

\$17,500.00

e. Supplies

\$252,746.00

f. Travel

\$152,754.00

g. Construction

\$0.00

h. Other

\$23,536,457.00

i. Contractual

\$58,578,703.00

j. TOTAL DIRECT COSTS

\$104,950,277.00

k. INDIRECT COSTS

\$1,995,546.00

l. TOTAL APPROVED BUDGET

\$106,945,823.00

m. Federal Share

\$106,945,823.00

n. Non-Federal Share

\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKL	20NH23IP922594C5	IP	41.51	93.268	\$0.00	75-2124-0943
1-93909KZ	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
1-9390BKG	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-9390BKJ	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-9390BKM	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
1-939ZRWL	19NH23IP922594	IP	41.51	93.268	\$0.00	75-21-0951
0-9390EWQ	19NH23IP922594C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390FG3	20NH23IP922594C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GWA	20NH23IP922594C6	IP	41.51	93.268	\$0.00	75-X-0943
1-9390GZB	20NH23IP922594VWCC6	IP	41.51	93.268	\$0.00	75-X-0943
2-9390BKG	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390BKJ	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390BKM	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
2-9390K3F	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
2-9390K3W	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
2-939ZRWL	19NH23IP922594	IP	41.51	93.268	\$0.00	75-22-0951
2-9390K8W	20NH23IP922594UKR	IP	41.51	93.268	\$0.00	75-2223-0943
2-9390K9M	20NH23IP922594IISC6	IP	41.51	93.268	\$0.00	75-X-0943
1-9390GUU	20NH23IP922594UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943
3-9390BKG	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390BKJ	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390BKM	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
3-9390K3F	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
3-939ZRWL	19NH23IP922594	IP	41.51	93.268	\$0.00	75-23-0951
3-9390LR9	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0140
3-939ZRYH	19NH23IP922594	IP	41.51	93.268	\$0.00	75-23-0951
4-9390MV2	19NH23IP922594IISC5	IP	41.51	93.268	\$0.00	75-2124-0943
4-9390MPT	20NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
4-939ZRWL	20NH23IP922594	IP	41.51	93.268	\$0.00	75-24-0951
4-9390BKM	20NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922594-05-10

FAIN# NH23IP922594

Federal Award Date: 10/08/2024

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-939ZRYH	20NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
4-9390BKG	20NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
4-9390BKJ	20NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
4-939ZRYH	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
4-9390BKG	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
4-9390BKM	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
4-9390BKJ	19NH23IP922594	IP	41.51	93.268	\$0.00	75-75-X-0512-009
4-9390MPT	19NH23IP922594	IP	41.51	93.268	\$0.00	75-X-0951
4-939ZRWL	19NH23IP922594	IP	41.51	93.268	\$0.00	75-24-0951
4-9390MFC	19NH23IP922594C5	IP	41.51	93.268	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922594-05-10

FAIN# NH23IP922594

Federal Award Date: 10/08/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NH23IP922594-05-10

1. Revised Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

REVISED BUDGET/REDIRECTION: The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated October 1, 2024. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all cost charged to their cooperative agreement are allowable, allocable, necessary, and reasonable.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed in writing, by the Grants Management Officer.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE

EXHIBIT F

**Recipient Information****1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
PO BOX 369
Trenton, NJ 08625-0369
609-826-4945

2. Congressional District of Recipient

04

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Mr. Gary Ludwig
gary.ludwig@doh.nj.gov
609-826-4864

8. Authorized Official

Dr. Tina Tan
Assistant Commissioner State Epidemiologist
christina.tan@doh.nj.gov
6099845474

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Percy Jernigan
ibj7@cdc.gov
770.488.2811

10. Program Official Contact Information

Ms. Randi Tolstyk
Public Health Advisor
kkq9@cdc.gov
770-488-5114

Federal Award Information**11. Award Number**

6 NH23IP922594-05-11

12. Unique Federal Award Identification Number (FAIN)

NH23IP922594

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

CDC-RFA-IP19-1901 Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 07/01/2023 - **End Date** 03/24/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$73,943,913.00

22. Offset \$3,145,386.00

23. Total Amount of Federal Funds Obligated this budget period \$29,856,524.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$29,856,524.00

26. Period of Performance Start Date 07/01/2019 - **End Date** 03/24/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$249,109,811.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Percy Jernigan

30. Remarks

Department Authority



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922594-05-11

FAIN# NH23IP922594

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
PO BOX 369
Trenton, NJ 08625-0369
609-826-4945

Congressional District of Recipient

04

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$12,724,971.00
b. Fringe Benefits	\$9,687,146.00
c. Total Personnel Costs	\$22,412,117.00
d. Equipment	\$17,500.00
e. Supplies	\$252,746.00
f. Travel	\$152,754.00
g. Construction	\$0.00
h. Other	\$23,536,457.00
i. Contractual	\$58,578,703.00
j. TOTAL DIRECT COSTS	\$104,950,277.00
k. INDIRECT COSTS	\$1,995,546.00
l. TOTAL APPROVED BUDGET	\$106,945,823.00
m. Federal Share	\$106,945,823.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GKL	20NH23IP922594C5	IP	41.51	93.268	\$0.00	75-2124-0943
1-9390FG3	20NH23IP922594C3	IP	41.51	93.268	\$0.00	75-2024-0943
1-9390GWA	20NH23IP922594C6	IP	41.51	93.268	\$0.00	75-X-0943
1-9390GUU	20NH23IP922594UDSPC5	IP	41.51	93.268	\$0.00	75-2124-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922594-05-11

FAIN# NH23IP922594

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NH23IP922594-05-11

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.

EXHIBIT G

**Recipient Information****1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health-DUP
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Mrs. Amanda Medina-Forrester
amanda.medina-forrester@doh.nj.gov
609-940-1770

8. Authorized Official

Mr. Eric Carlsson192781
Director, Budget and Financial Planning
eric.carlsson@doh.nj.gov
609-292-7646

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Charlena Gatlin
Internal Reviewer
tie3@cdc.gov
678-475-4966

10. Program Official Contact Information

Natasha Dixon
Program Officer
CSTLTS
swx3@cdc.gov
4044980753

Federal Award Information**11. Award Number**

6 NH75OT000079-01-03

12. Unique Federal Award Identification Number (FAIN)

NH75OT000079

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

New Jersey Initiative to Address COVID-19 Public Health Disparities among Populations at High-Risk and
Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2021 - **End Date** 05/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$25,073,006.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$25,073,006.00

26. Period of Performance Start Date 06/01/2021 - **End Date** 05/31/2025

**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$25,073,006.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Ester Edward
Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000079-01-03

FAIN# NH75OT000079

Federal Award Date: 02/29/2024

Recipient Information**Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health-DUP
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,416,042.00
b. Fringe Benefits	\$1,462,784.00
c. Total Personnel Costs	\$3,878,826.00
d. Equipment	\$0.00
e. Supplies	\$148,949.00
f. Travel	\$49,446.00
g. Construction	\$0.00
h. Other	\$330,195.00
i. Contractual	\$20,429,215.00
j. TOTAL DIRECT COSTS	\$24,836,631.00
k. INDIRECT COSTS	\$236,375.00
l. TOTAL APPROVED BUDGET	\$25,073,006.00
m. Federal Share	\$25,073,006.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000079C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000079-01-03

FAIN# NH75OT000079

Federal Award Date: 02/29/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NH75OT000079-01-03

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

The General Terms and Conditions for [non-research](#) grants and cooperative agreements have been updated, effective January 23, 2024, to reflect current regulations and requirements for federal financial assistance.

No Cost Extension: The purpose of this amendment is to approve a 12 month No Cost Extension per the request submitted by your organization dated February 1, 2024 . The budget and project period end dates have been extended from May 31, 2024 to May 31, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the budget period of June 1, 2023 to May 31, 2024 must be submitted by August 31, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the *General Terms and Conditions*, which are published on the CDC website at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>

EXHIBIT H



Centers for Disease Control and Prevention

Award# 6 NH75OT000079-01-04

FAIN# NH75OT000079

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health-DUP
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B7

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Mrs. Amanda Medina-Forrester
amanda.medina-forrester@doh.nj.gov
609-940-1770

8. Authorized Official

Mr. Eric Carlsson192781
Director, Budget and Financial Planning
eric.carlsson@doh.nj.gov
609-292-7646

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Ester Edward
Grants Management Officer
ece9@cdc.gov
(770) 488-2852

10. Program Official Contact Information

Natasha Dixon
Program Officer
CSTLTS
swx33@cdc.gov
4044980753

Federal Award Information**11. Award Number**

6 NH75OT000079-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000079

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

New Jersey Initiative to Address COVID-19 Public Health Disparities among Populations at High-Risk and
Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

15. Assistance Listing Number

93.391

16. Assistance Listing Program Title

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$25,073,006.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$25,073,006.00**26. Period of Performance Start Date** 06/01/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$25,073,006.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Erica Stewart
Team Lead, Grants Management Officer

30. Remarks

Department Authority

**Recipient Information****Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health-DUP
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B7

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,416,042.00
b. Fringe Benefits	\$1,462,784.00
c. Total Personnel Costs	\$3,878,826.00
d. Equipment	\$0.00
e. Supplies	\$148,949.00
f. Travel	\$49,446.00
g. Construction	\$0.00
h. Other	\$330,195.00
i. Contractual	\$20,429,215.00
j. TOTAL DIRECT COSTS	\$24,836,631.00
k. INDIRECT COSTS	\$236,375.00
l. TOTAL APPROVED BUDGET	\$25,073,006.00
m. Federal Share	\$25,073,006.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000079C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000079-01-04

FAIN# NH75OT000079

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NH75OT000079-01-04

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required

EXHIBIT I



Centers for Disease Control and Prevention

Award# 1 NU58DP006988-01-00

FAIN# NU58DP006988

Federal Award Date: 08/23/2021

Recipient Information**1. Recipient Name**

New Jersey Department of Health
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
[No Phone Record]

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B9

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier**7. Project Director or Principal Investigator**

Ms. Lisa Asare
Assistant Commissioner
lisa.asare@doh.nj.gov
609-292-4043

8. Authorized Official

Mr. Eric S Carlsson
Business Official/Authorizing Official / Director,
Budget and Financial Planning
eric.carlsson@doh.nj.gov
(609) 376-8480

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Rhonda Latimer
Grants Management Officer
ITO1@cdc.gov
7704881647

10. Program Official Contact Information

Dr. Monique Young
Public Health Advisor/Project Officer
Division of Cancer Prevention and Control
hza4@cdc.gov
770-488-3434

Federal Award Information**11. Award Number**

1 NU58DP006988-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP006988

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

NJ COMMUNITY HEALTH WORKERS FOR COVID RESPONSE AND RESILIENT COMMUNITIES
(CCR)

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/31/2021 - **End Date** 08/30/2022**20. Total Amount of Federal Funds Obligated by this Action** \$3,000,000.00

20a. Direct Cost Amount \$2,974,266.00

20b. Indirect Cost Amount \$25,734.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$0.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$3,000,000.00**26. Project Period Start Date** 08/31/2021 - **End Date** 08/30/2024**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Project Period** Not Available**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks

**Recipient Information****Recipient Name**

New Jersey Department of Health
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
[No Phone Record]

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B9

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$193,486.00
b. Fringe Benefits	\$103,031.00
c. Total Personnel Costs	\$296,517.00
d. Equipment	\$10,500.00
e. Supplies	\$0.00
f. Travel	\$6,979.00
g. Construction	\$0.00
h. Other	\$44,100.00
i. Contractual	\$2,616,170.00
j. TOTAL DIRECT COSTS	\$2,974,266.00
k. INDIRECT COSTS	\$25,734.00
l. TOTAL APPROVED BUDGET	\$3,000,000.00
m. Federal Share	\$3,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006988C3	DP	41.51	\$3,000,000.00	75-2024-0943

AWARD ATTACHMENTS

New Jersey Department of Health

1 NU58DP006988-01-00

1. T&C for NJ

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP21-2109, entitled “Community Health Workers for COVID Response and Resilient Communities (CCR)”, and application dated May 18, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$3,000,000 is approved for the Year 1 budget period, which is August 31, 2021 through August 30, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Component/Project Funding: The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
Component A	\$0
Component B	\$3,000,000
Component C	\$0

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

Financial Assistance Mechanism: Grant

Budget Revision Requirement: By September 30, 2021 the recipient must submit a revised budget with a narrative justification based on the approved funding in accordance with the [CDC Budget Preparation Guidelines](#). Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

- **Salaries:** Total costs were provided for the salaried positions; however, we need the following information:
 - Employee Names
 - The level of effort
 - Annual salary
 - Individual costs being charged to the award for each employee
- **Other:** \$234,000 stipends
 - What is the purpose of the stipends?
 - Are these being used as bonuses?
 - Is there a standard operating procedure in place that governs the distribution of the stipends?
 - Why are the stipends proposed for existing CHWs?
- **Other:** Budget breakdowns of the professional developments and trainings are needed.
- **Fringe benefits:**
 - The percentage used to calculate the fringe benefits
 - The calculations for each employee's fringe
 - The components comprising the fringe (i.e., Social Security, 7.5%)
- **Supplies:** Breakdown for the costs of the laptop computers
- **Contracts:** Once selected the TBD Contractual cost with the six elements in accordance with the [CDC Budget Preparation Guidelines](#) must be submitted to and approved in writing by the Grants Management Specialist/Grants Management Officer (GMS/GMO) before cost can be expended. Note that any travel or proposed laptops and phones for contractors should be included in the budget breakdown.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs Indirect costs are not approved for this award, because indirect costs were not requested, or an approved Indirect Cost Rate Agreement has not been established. To have indirect costs approved for this grant, submit an approved indirect cost rate agreement to the grants management specialist no later than September 30, 2021.

REPORTING REQUIREMENTS

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services
Rhonda Latimer, Grants Management Officer/Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Email: RDLatimer@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known to draw down funds.

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Rhonda Latimer, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 5
2939 Flowers Road
Atlanta GA 30341
Telephone: 770-488-1647
Email: RDLatimer@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Monique Young, Project Officer
Centers for Disease Control and Prevention
National Center for Disease Prevention and Health
Telephone: 770-488-3434
Email: HZA4@cdc.gov

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Stephanie Latham, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5
Telephone: 770-488-2197
Email: FZV6@cdc.gov



Centers for Disease Control and Prevention

Award# 6 NU58DP006988-03-02

FAIN# NU58DP006988

Federal Award Date: 07/17/2024

Recipient Information**1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B9

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Ms. Karen Farrior
Program Coordinator
karen.farrior@doh.nj.gov
609-913-5602

8. Authorized Official

Mr. Eric Carlsson
Director, Budget and Financial Planning
eric.carlsson@doh.nj.gov
(609) 376-8480

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Caloria Osborne
GMS
ube7@cdc.gov
404-718-3535

10. Program Official Contact Information

Tamika Rowe-Maloney
Program Officer
svx7@cdc.gov
770-488-0734

Federal Award Information**11. Award Number**

6 NU58DP006988-03-02

12. Unique Federal Award Identification Number (FAIN)

NU58DP006988

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

NJ COMMUNITY HEALTH WORKERS FOR COVID RESPONSE AND RESILIENT COMMUNITIES
(CCR)

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

No Cost Extension

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/31/2023 - **End Date** 08/30/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$3,000,000.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$3,000,000.00**26. Period of Performance Start Date** 08/31/2021 - **End Date** 08/30/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$9,000,000.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Natasha Jones
Grants Management Officer

30. Remarks

**Recipient Information****Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B9

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$181,978.00
b. Fringe Benefits	\$124,564.00
c. Total Personnel Costs	\$306,542.00
d. Equipment	\$0.00
e. Supplies	\$9,700.00
f. Travel	\$5,000.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$2,649,460.00
j. TOTAL DIRECT COSTS	\$2,970,702.00
k. INDIRECT COSTS	\$29,298.00
l. TOTAL APPROVED BUDGET	\$3,000,000.00
m. Federal Share	\$3,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390HGA	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-X-0140

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NU58DP006988-03-02

1. Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

No Cost Extension: The purpose of this amendment is to approve a **Twelve (12)** month No Cost Extension per the request submitted by your organization dated July 12, 2024. The budget and project period end dates have been extended from August 31, 2021 to August 30, 2025.

Annual Federal Financial Report (FFR SF-425): Annual financial reporting is required every twelve-month period. Based on the approved no-cost extension, an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of August 31, 2021 to August 30, 2024 must be submitted by November 28, 2024.

Closeout Requirements: Recipients must submit all closeout reports within 120 days of the period of performance end date. Standard closeout reporting requirements are identified in the *General Terms and Conditions*, which are published on the CDC website at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>.

EXHIBIT J



Centers for Disease Control and Prevention

Award# 6 NU58DP006988-03-04

FAIN# NU58DP006988

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
609-826-4945

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1216000928B9

4. Employer Identification Number (EIN)

216000928

5. Data Universal Numbering System (DUNS)

806418075

6. Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

7. Project Director or Principal Investigator

Ms. Karen Farrior
Program Coordinator
karen.farrior@doh.nj.gov
609-913-5602

8. Authorized Official

Sr. Gregory Alvarez
Manager, Federal Funds Unit
gregory.alvarez@doh.nj.gov
6093768543

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mr. Daniel Jackson
Grants Management Specialist
qpz2@cdc.gov
(678) 475-4577

10. Program Official Contact Information

Ms. Perrin Hicks
Program Officer
swy2@cdc.gov
7704880826

Federal Award Information**11. Award Number**

6 NU58DP006988-03-04

12. Unique Federal Award Identification Number (FAIN)

NU58DP006988

13. Statutory Authority

Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)

14. Federal Award Project Title

NJ COMMUNITY HEALTH WORKERS FOR COVID RESPONSE AND RESILIENT COMMUNITIES
(CCR)

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/31/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$3,000,000.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$3,000,000.00**26. Period of Performance Start Date** 08/31/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$9,000,000.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Tajsha LaShore

30. Remarks

Department Authority

**Recipient Information****Recipient Name**

HEALTH, NEW JERSEY DEPARTMENT OF
369 S Warren St
New Jersey Department of Health
Trenton, NJ 08608-2308
609-826-4945

Congressional District of Recipient

12

Payment Account Number and Type

1216000928B9

Employer Identification Number (EIN) Data

216000928

Universal Numbering System (DUNS)

806418075

Recipient's Unique Entity Identifier (UEI)

MQKPEU6D1BT5

31. Assistance Type

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$181,978.00
b. Fringe Benefits	\$124,564.00
c. Total Personnel Costs	\$306,542.00
d. Equipment	\$0.00
e. Supplies	\$9,700.00
f. Travel	\$5,000.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$2,649,460.00
j. TOTAL DIRECT COSTS	\$2,970,702.00
k. INDIRECT COSTS	\$29,298.00
l. TOTAL APPROVED BUDGET	\$3,000,000.00
m. Federal Share	\$3,000,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390HGA	21NU58DP006988C3	DP	41.51	93.495	\$0.00	75-X-0140

AWARD ATTACHMENTS

HEALTH, NEW JERSEY DEPARTMENT OF

6 NU58DP006988-03-04

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required